ABSTRACT OF A

Post-Graduate Lecture

ON

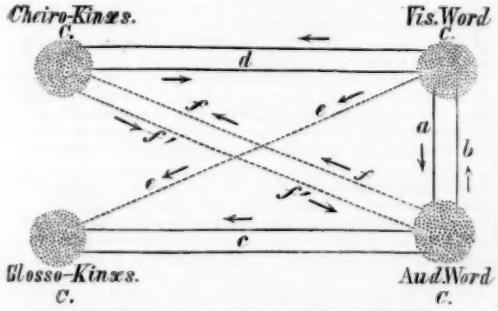
APHASIC AND AMNESIC DEFECTS OF SPEECH.

By H. CHARLTON BASTIAN, M.D., F.R.S.,

PHYSICIAN TO UNIVERSITY COLLEGE HOSPITAL, AND TO THE NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.

In dealing with the rather complex subject on which he was to address his hearers, Dr. Bastian said he should endeavour to consider it in as simple and practical a manner as possible. He proposed, in the first place, to point out to them how such cases should be examined—that is, what are the defects that should specially be looked for, how they should be looked for, and why they should be looked for. And with the view of illustrating this method he should bring before them an extremely interesting case, which had long been under his observation, in whom several different kinds of speech defect existed. He believed that they would learn more by a thorough study of a single case like this than by a more cursory examination of several cases. It is, said the lecturer, above all things, necessary in such cases in order to arrive at an accurate diagnosis of the precise nature of the defect, or, as is more frequently the case, of the different defects existing, that the person should be submitted to a systematic and uniform mode of examination. Unless this be done, a detailed diagnosis is extremely difficult, and important defects may remain undetected, with the result, often enough, that cases are loosely

FIG. 1.



A Diagram illustrating the relative positions of the different word centres, and the mode in which they are connected by commissures. (The connexions indicated by dotted lines may be disregarded, as stimuli only seem to pass along these routes under exceptional circumstances, which cannot now be considered.)

described under the name of aphasia which ought to receive a different appellation. Any laxity in the clinical examination of cases was apt to carry with it very erroneous notions as to the particular part of the brain that was at fault in this or that example. It was well known that speech defects of different kinds resulted from lesions in very different parts of the brain, and it was only by first making an accurate clinical diagnosis that we could proceed to a just regional diagnosis. The well-known complexity of this subject is to be attributed in the main to the fact that whilst words are the vehicles for intellectual expression our memory for words is not simple and single, but is in reality fourfold; the four forms of verbal memory being registered in different parts of the cerebral hemispheres, the several centres being connected with one another by commissures, and being called into activity in different combinations, according as we are listening, reading, writing, or speaking. (See Fig. 1.)

The four forms of verbal memory are these: (1) The auditory memories of words which, till more definite knowledge comes, we may say are registered in the posterior part of the upper temporal convolution; (2) the visual memories of words, which we may say are registered in some unknown part of the occipital lobe; (3) the glosso-kinæsthetic memories of words, or the memories of our articulatory sensations, which Dr. Bastian believes to be located in Broca's convolution—that is, in the hinder part of the third frontal convolution; and (4) the cheiro-kinæsthetic memories of words, or the memories of the sensations connected with writing movements, which he believes to be registered in the hinder part of the second frontal convolution. These last two centres are the sites from which, in speaking and writing respectively, volitional incitations issue through descending internuncial fibres, so as to arouse in appropriate modes the true motor centres situated in the medulla and in the spinal cord. The action of these last, as of all motor centres, Dr. Bastian believes to be wholly devoid of all sensory accompaniments—that is to say, whilst movements are invariably preceded and incited by processes taking place in sensory nerve elements, and whilst the excitation of the movement invariably gives rise to a body of ingoing impressions (kinæsthetic) emanating from muscles, skin, joints, &c., he maintains that the actual nerve processes excited in the motor centres proper are devoid of any conscious accompaniment, and are wholly incapable of independent memorial recall. Such processes lie, therefore, altogether outside the web of thought. This latter view, however, was one not generally held. What he had called motor centres proper were commonly called "lower motor centres," and what he had termed kinæsthetic centres were commonly called "cortical motor centres." For his own part he believed that no motor centres existed in the cerebral cortex; that what were termed cortical motor centres were centres in which the sensory results of different movements were registered; and that their re-excitation constituted the necessary antecedent—the veritable stimulus—either in a volitional or in a idio-motor act for the reproduction of the movements to which they were related. The excitation of these parts of the cortex constituted, in fact, the terminal part of a voluntary act so far as it had to do with the cerebral cortex. The precise modes of ideally revived activity here and in other sensory centres gave rise to correspondingly precise stimuli, which, passing downwards to the true motor centres, constituted the volitional incitations for the production of the desired movement.

The activities of these different word centres are almost never called into play singly; for the most part two or three of them are roused through commissural fibres almost simultaneously, though really in rapid succession. Thus, we think in words whether the result is to be silent thought, speech, or writing. In the first case the activity is in the main in the auditory centre, though it is probably diffused to some extent in two directions—that is, towards the glosso-kinæsthetic centre, and also towards the visual word centre. If the thought is to issue in speech the stimulus in the former direction is much more powerful, and the conjoined activity of the two centres suffices to rouse the motor centres for speech in appropriate modes. If, on the other hand, the thought is to issue in writing, the activity of the auditory word centre is immediately followed by a powerful action in the visual word centre, and this again by revived activity in the cheiro-kinæsthetic word centre (along the route indicated in the diagram), whence the volitional stimuli issue for the production of writing movements. What occurs in reading aloud and in writing from dictation may be plainly seen also from a study of the same diagram. It is important to observe, as Dr. Bastian thinks, that the two kinæsthetic centres seem never to be called into activity independently and alone for the production of movements, but always in response to a prior activity in the auditory or the visual word centres.

In the examination of all cases of speech defect of an aphasic or amnesic order we have, therefore, to test in a systematic manner the integrity of these different word centres and of the commissures that unite them; we have likewise to test the integrity of the internuncial fibres issuing from the cortex as well as of the motor centres proper in the bulb. The schema for such an examination is given in "Paralyses, Cerebral, Bulbar, and Spinal," p. 125. It will not be necessary to reproduce it here in detail because the method will be demonstrated directly in the examination of our patient. In illustration I will only say here that (*a*) if the patient understands what is said to him and can repeat words which he has just heard pronounced, it shows that the auditory and the glosso-kinæsthetic centre with the commissure between them, as well as the outgoing channels and the corresponding motor centres, are free from serious

damage; similarly (*b*) if the patient can understand written speech and can copy a word which has been written before him, it will show that the visual and the cheiro-kinæsthetic centres with the commissure between them, as well as its outgoing channels and corresponding motor centres, are free from serious damage; again (*c*), if the patient can read aloud or name objects at sight, it shows that the visuo-auditory commissure must be intact; whilst if (*d*) the patient can write from dictation, it shows that the audito-visual commissure must be undamaged.

It would be seen that for his interpretation of speech defects Dr. Bastian did not postulate the existence of a separate "centre for conceptions or ideas." This was originally done by Kussmaul, and he has been followed in this direction by Charcot, Lichtheim, and other writers. Dr. Bastian doubts very much whether there is clear evidence tending to prove the existence of any such centre; or, in other words, whether any of the at present known forms of speech defect can only be explained by supposing the existence of a lesion in such a centre or in the commissural fibres which would connect it, if it existed, with the auditory and the visual word centres. The supposed necessity for assuming the existence of any such centre for concepts may, as he believes, be in most cases obviated by a fuller recognition of the different degrees of excitability that may exist in the auditory word centre, and by the fact that, where its excitability is lowered to different degrees, very different kinds of speech defect are produced. Thus, where there is a slight lowering of functional activity in the auditory centre, we have produced a slight amnesia, with forgetfulness of names of persons and things, the centre not being sufficiently active in this condition to respond to some volitional and associational incitations; where the defect is graver still almost all power of spontaneous speech may be obliterated, though imitative speech is retained and the patient may be able to read aloud fluently—that is, the auditory centre is only capable of reacting on the receipt of a strong external stimulus or else of one coming to it from the visual word centre; whilst, finally, where there is destructive disease of the auditory word centre, the patient is both unable to understand speech and is himself speechless—that is to say, there is "word deafness" combined with complete aphasia. The case to be studied to-day is one in which there is a lowered excitability of the auditory centre, preventing any other than the smallest amount of spontaneous speech; in which there is also some aphemic difficulty in the mere utterance of words; though the main and most interesting defect is due to the existence of a lesion severing the two commissures between the auditory and the visual word centres. It is that of a man, Thomas A——, who was admitted under Dr. Bastian's care into University College Hospital on March 12th, 1878, he being then forty-two years of age. Three months previously he had become suddenly paralysed on the right side of the body, without convulsions or loss of consciousness; but after the attack his speech was found to be almost lost. When admitted he had become able to move his right leg and arm slightly, though there was still some diminution of sensibility on this side of the body. There was a slight amount of right facial paralysis, and some deviation of the tongue to the right. His sight and hearing were good. He continued to improve slowly in all respects till April 16th, when he had two slight fits. The second of them was followed by a temporary aggravation of the right-sided paralysis, and the quality of his speech defect then underwent some slight change of a permanent character. During the whole intervening time his speech defects have remained without appreciable change, though up to 1883 he continued to have fits at intervals, more or less unilateral in character. Although he can walk a distance of two or three miles, he has never completely recovered the use either of leg or arm; a certain amount of hemianæsthesia has also persisted on the right side.

In regard to speech and intellectual expression generally his condition is this. Looking first to the auditory word centre with its ingoing and outgoing fibres, we find that his hearing is good and he understands readily all that is said to him. His voluntary speech is very limited. He can say spontaneously "tea," "dinner," or some single words indicative of his wants; otherwise he says little beyond "yes" and "no," eking his speech out by the correct use of some simple numerals, together with many gesticulations. Association aids him a little in his recall of words: thus, he can count to twenty quickly and without mistake, and, as regards the alphabet, though he cannot commence it by himself, when one says "A" he goes on correctly till the letter "I," but after that very badly. He cannot repeat short phrases, but can repeat simple words uttered before him, though he often pronounces them badly owing to the existence of some amount of aphemia. If we look now to the visual word centre with its ingoing and outgoing fibres, we find that his sight is fairly good though he uses spectacles; that he can read both writing and print so as thoroughly to understand what he reads; similarly, he points at once to any letter or numeral named. He is no more able to write spontaneously than to speak spontaneously. He can, however, copy numerals written before him, and can work easy addition sums; he will likewise copy words that are written or printed before him. Two other disabilities remain to be mentioned which show that the two commissures between the visual and the auditory word centres have been damaged in some part of their course; these are (1) that the patient cannot name at sight or read aloud even a single letter, nor (2) can he write a word or even a single letter from dictation.

It is these latter defects which give the great interest to his case. Here we have a man who understands perfectly all that is said to him and all that he reads, who cannot read aloud a single word or letter, though immediately that he hears the word or letter pronounced he can repeat it at once; and, again, a man who cannot write a single word or letter from dictation, but who can at once copy any such word or letter written for him. We seem here to get at the roots of Will, and to learn how its mainsprings are sensory impressions. Thus, we find that it is impotent to perform some acts at the instigation of visual impressions, though it can execute others; while, on the other hand, there are some acts which can and others which cannot be performed in response to auditory impressions. All this suffices to show in the clearest way that what is called "will" is no mysterious and isolated faculty, potent of and by itself, that in reality it corresponds with a series of processes taking place for the most part in sensory regions of the cerebral cortex, the result of which is an appropriate discharge upon motor centres situated in the bulb and in the spinal cord for the production of the desired movements. From this point (and referring to Fig. 1) it is comparatively easy to explain the principal varieties of speech-defect, and to indicate the parts of the cerebral hemisphere in which the existence of lesions determines this or that variety:—

Aphemia.—The patient suffering from aphemia can write freely, and express his thoughts in this way in an unimpaired manner. There is not the least interference with his power of thinking. The aphemia is often (*a*) *incomplete*, and then the patient's utterance is only more or less blurred and indistinct—that is, it may be merely thick or so bad as to be unintelligible. Such persons will always make the attempt to pronounce any word, when asked to do so. In other cases we have to do with (*b*) *complete* aphemia, and here the patient is absolutely incapable of uttering a single articulate sound—he is completely dumb, though he can write as freely as ever. Here the lesion is not of the cortex, but involves some part of the internuncial fibres as they pass downwards from the third frontal convolution to the motor centres in the bulb. Dr. Bastian recorded a typical case of this kind not long since.[1]

Aphasia.—Here the power of speech and writing are usually lost, except that the patient utters some one, two, or three words on all occasions, pronouncing them, perhaps, distinctly enough. He will not, however, attempt to pronounce simple words when bidden, nor even simple vowel sounds. There is usually some interference with thought—mental confusion—in these cases. Now, in regard to the seat of the lesion which may produce a simple aphasia, Dr. Bastian says it is clear, as he has long contended, that the old localisation originally made by Broca is by no means adequate; that there is, in fact, absolutely no clinical difference between the aphasia produced by a lesion in the posterior part of the left third frontal convolution and that which may be produced by a lesion in any part of the commissure connecting it with the auditory word centre, which we may suppose to be situated not far away from the hinder extremity of the fissure of Sylvius (see Fig. 2). Thus are to be explained many reported cases of genuine aphasia in which the lesion has been away from the left third frontal

[1] Brit. Med. Jour., Nov. 5th, 1887

convolution, and especially those in which it has been situated in the upper part of the island of Reil.

Word deafness with aphasia.—Where a destructive lesion involves the auditory word centre aphasia is also produced, only now it is associated with word deafness. Such a patient's mental condition is profoundly altered. Thus, in addition to being speechless, speech can no longer be understood; and, seeing that words are first and principally revived (even in silent thought) in the auditory word centre, thought in words would be no longer possible. The power of writing would therefore also be lost, and probably very little power of comprehending printed or written language would remain, seeing that the revival of words in the visual centre could not be reinforced by their revival in the auditory centre. It has already been pointed out that slighter defects in the auditory word centre only give rise to various degrees of amnesia.

Commissural amnesia.—This is perhaps the most suitable name for the kind of defect we have been studying to-day, where the commissures are damaged between the auditory and the visual word centres, and the patient is consequently no longer able to name and read at sight, or to write from dictation. The precise topographical location of these commissures remains yet to be discovered. Sometimes one-half of this double commissure is alone damaged.

Word blindness with agraphia.—A lesion in the visual word centre gives rise to word blindness with agraphia. Though not blind in the ordinary sense, the patient may be

FIG. 2.

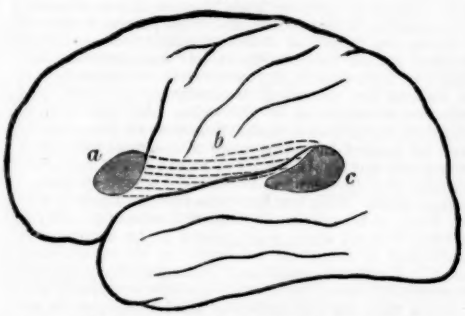


Diagram showing the possible situation of an aphasia-producing lesion, either in the glosso-kinæsthetic centre (*a*), in the commissure (*b*), between it and the auditory centre, or in the auditory centre itself (*c*), in which latter case it is associated with word blindness.

quite unable to understand either written or printed language. He is able, however, to understand spoken language, and can himself both think and speak.

Agraphia.—Here the patient can speak but cannot write: he can read also, and there is little or no interference with thought. This defect is produced by a lesion of the cheiro-kinæsthetic centre situated in the posterior extremity of the second left frontal convolution. But a damage to any part of the commissure connecting the cheiro-kinæsthetic with the visual word centre would produce exactly the same defect, seeing that the stimulus which is to rouse the former centre into activity must first traverse the above-mentioned commissure. There is no paralysis of the hand except for writing movements. (As a matter of fact, isolated agraphia seems only to occur as a result of a lesion in the cheiro-kinæsthetic centre. The fibres of the visuo-kinæsthetic commissure, *d*, probably run, not as they are represented in the diagram, Fig. 1, distinctly separate from those of the audito-kinæsthetic commissure, *c*; they probably run in close proximity to one another, so that a lesion along their tract damages both at the same time, and consequently produces not a simple agraphia, but a typical aphasic condition, in which there is loss of speech as well as of the power of writing. This accounts for the comparative rarity of simple agraphia.)

In conclusion, Dr. Bastian pointed out that the mode of viewing speech defects which he had submitted to them did not countenance the classification of these defects, which had been common of late years, into "motor and sensory aphasias." The defects were in all cases, as he thought, in sensory centres or else in the commissures between such centres, excepting in the case of aphemia, where the lesion producing the defect was in the course of the internuncial fibres, passing from the third frontal to the motor centres in the bulb. The fact that a paralytic disability is produced does not, as the case studied had shown, in any way prove that it is not due to a defect in a sensory centre or in a commissure between two such centres; it is here, in fact, that we have to look for the sources of volition.

Lecture
ON
THE PATHOLOGY OF DROPSY.

Delivered at King's College Hospital,

BY NESTOR TIRARD, M.D. LOND., F.R.C.P.,
PHYSICIAN TO THE EVELINA HOSPITAL FOR SICK CHILDREN; SENIOR ASSISTANT PHYSICIAN, KING'S COLLEGE HOSPITAL.

GENTLEMEN,—There are many diseases, and many conditions occurring in the course of various diseases, which we meet with so commonly in our hospital work that we are tempted to take for granted the explanations which are to be found in our text-books, or those which have been firmly fixed in our minds, almost as articles of belief, in our student life. Waves of investigation from time to time disturb some of our cherished notions; the history of the progress of medicine is full of instances illustrating the truth of this; hence it appears to me to be worth while raising the question of how far our ideas of this single symptom—dropsy—are founded on a firm basis.

First, then, to consider the condition itself, and the views at present held as to its causation. Summarising the opinion expressed by Dr. Lauder Brunton in the *Practitioner*, dropsy may be regarded as consisting essentially of an overfull condition of the lymph spaces—cavities which are normally kept moist by the transudation of fluid from the capillaries, and from which the fluid is in turn withdrawn by the combined action of the lymphatics and the veins. Dr. Brunton lays special stress upon the fact of removal by both lymphatics and veins, and he emphasises this idea by stating that when the chief vein of any district is ligatured the lymph flowing thence through lymphatics is increased in quantity. He admits that this may be partly due to the fact that the quantity poured out from the capillaries is increased in consequence of the ligature of the vein; but he considers that it is probably due in great measure to the lymph, which would have been poured out in any case, passing away by the lymphatics when it can no longer be taken up by the veins. Further, it has been proved that complete arrest of flow through the veins is not a sufficient cause for dropsy, provided that the flow through the lymphatics is unaffected. Turning, then, to the cause of the flow of lymph, it is stated to be due to the difference of pressure between the two ends of the lymphatic vessels. "It is increased by the pressure being raised in the tissues and lowered in the vena cava, and it is retarded by opposite conditions." Dr. Brunton further summarises the conditions which will interfere with the flow of lymph, as (*a*) want of muscular action, (*b*) want of inspiratory action of the thorax, (*c*) diminution of the diastolic suction of the heart, (*d*) positive pressure in the veins. For my present purposes I would direct your attention particularly to the third condition enumerated. It distinctly implies that the overcharged condition of the veins is due to deficient force of suction exerted by the heart. Further, Dr. Lauder Brunton enumerates with greater precision the conditions which interfere with the flow of blood in the veins, as (*a*) want of muscular action throughout the body, (*b*) want of movement in the thorax, (*c*) feeble action of the heart, no matter whether we look upon the systole or diastole as being the active power in sucking the blood onwards through the veins, (*d*) pressure upon the veins from without, and (*e*) plugging within.

Briefly stated, then, in any case of dropsy we have to look for some cause or causes which will produce more rapid effusion from the capillaries, and some cause or causes which will impede the reabsorption by veins and lymphatics. Confining our attention for the present to cardiac dropsy,

we find that the most commonly accepted theory is that of "backward venous engorgement." According to this theory all forms of heart disease tend to impede the flow of blood from the heart; hence whether the case be one of aortic or mitral disease, obstructive or regurgitant, the left auricle is likely to become surcharged with blood, then the pulmonary circulation is impeded, the right side of the heart becomes distended, and eventually the engorgement acts backwards from the heart along the whole of the venous system, making itself felt by enlargement and disordered function of various viscera, and also by dropsical effusion into the various lymph spaces.

Dr. George Johnson, in a paper in THE LANCET of June 20th, 1868, on "Some Results of a Retrograde Engorgement of the Bloodvessels," remarks that it is "an undoubted fact that an obstructive valvular disease on the left side of the heart may affect the most remote parts of the circulatory system. Thus the impediment resulting from a defective mitral valve may extend backwards through the pulmonary capillaries to the systemic veins and capillaries, causing anasarca of the feet &c.; it may extend through the capillaries within the liver to the portal vein, and its capillary origin, causing ascites; and through the intertubular renal capillaries to the Malpighian capillaries, causing albuminuria. It is manifest that neither extreme distance from the seat of obstruction nor the intervention of two successive sets of capillaries will prevent that retrograde passive engorgement of vessels which results from a block in the course of the circulating current." This theory, if we accept Dr. Lauder Brunton's experiments, is obviously an incomplete explanation. As thus stated, it leaves out of account all mention of reabsorption by lymphatics, and even without this it is not wholly satisfying. Surely if dropsy were produced merely by retrograde engorgement, it should in most cases be preceded by a succession of events following the same definite order; in other words, we should expect very marked affection of the vessels of the lungs before those of the liver and spleen become involved; these parts in turn should show signs of engorgement before the kidneys, and the renal engorgement in turn should precede signs of dropsy in the lower extremities. Although, as ordinarily set forth in text-books, this backward engorgement theory makes no direct reference to the part played by the lymphatics in every case of dropsy, it will be seen upon consideration that it does not negative the idea of impaired absorption by the lymphatics. If we revert to the conditions of absorption as stated by Dr. Lauder Brunton, we see that increased pressure in the vena cava involves diminished flow of fluid through the lymphatics. Increased pressure in the vena cava is necessarily present when the condition of circulation through the heart and lungs leads to venous engorgement, and it is quite conceivable that this should in turn impede the rapidity with which fluid returns from the lymphatics to the vena cava.

The theory of backward engorgement, then, does account for one of the factors, which, according to generally received views, must exist before symptoms of dropsy can be developed. It does not satisfactorily, to my mind, account for the failure of the veins to take their share of the work of reabsorption, nor for the transudation of fluid. In fact, the difficulties of the theory are extreme when we consider that if the transudation is due to backward engorgement starting from the vena cava, and extending along the vessels until it makes itself felt in the extremities, it would seem legitimate to assert that no pressure can thus be thrown back without a certain degree of overfulness of *all the veins*. In fact, if the theory were correct, we should expect to find, post mortem, that the arteries contained an abundance of blood, owing to the impossibility of its being driven onwards by the last contractions of the ventricle, since the veins are already assumed to be obstructively overfilled. This is not the case. The veins certainly are commonly distended with dark blood, but the arteries are as nearly empty after death from heart disease and dropsy as when the death results from any other cause. The theory, indeed, appears to assume too large a quantity of blood in the body, and too great a degree of post-mortem venous relaxation. Feeling, then, that the backward engorgement theory is only in part true, and that the element of truth probably affected the lymphatics rather than the veins, I have endeavoured to formulate a theory which should not be open to these objections.

First, let me state the theory, and then I shall hope to show you that, although, like all theories, it is incapable of actual demonstration, yet it is fully in accordance with clinical experience, both as derived from consideration of the ordinary history of a case of cardiac dropsy, and also from the results of the employment of various remedial agents. Briefly, then, the theory is that one very important element in the production of cardiac dropsy is to be found in *deficient propelling force* imparted to the blood at its passage into the aorta. In other words, I believe that attention has been too much directed to the backward condition, without taking sufficient note of the diminution in arterial pressure which must necessarily occur at an advanced stage of the disease. In all cases of heart disease associated with dropsy, I believe that the latter occurs when the consecutive hypertrophy is no longer of sufficient compensating power—when, in fact, the heart no longer sends forth a sufficient quantity of blood with an initial force adequate to drive it round the circle until it can come under the suction force which facilitates its return to the heart. The cardiac contractions continue, but whether owing to regurgitation or to obstruction at either the mitral or aortic valves, the initial velocity imparted to the blood as it enters the arteries falls considerably below that of health, and, as a consequence, although the force may be sufficient to propel the blood through the arterial system, it is dissipated as the blood flows through the capillaries, and but little force is left to carry it on its return journey through the veins. The natural result is fulness of the veins of the extremities, more particularly shown in the lower extremities, where the action of gravity adds to the difficulty of return. This fulness necessarily implies partial stasis, and the blood being thus more subject to physical laws, there is first an alteration in the nutrition of the vessels, and then passive transudation.

Thus, the theory of deficient initial force will readily account for all the conditions left unexplained upon the theory of backward engorgement—viz., for altered character of vessels, for increased transudation of fluid, and for impaired reabsorption by the veins. All that remains to complete the picture is to mention that all these conditions may be present in many cases of heart disease, and yet dropsy will not result until the fourth factor, impeded flow through the lymphatics, is brought about by retrograde engorgement. This last fact was insisted upon by the late Dr. Todd, in his admirable Clinical Lectures (p. 487), where he says, "In all cases what seems to be necessary to the production of dropsy is *dilatation of the right side of the heart*." Further he remarks, "Dilatation may exist without regurgitation being manifest in the external veins; at least I think that the regurgitation need not exist to such a degree as to cause pulsation. I am now attending a case in private practice in which there are dropsy and undoubted dilatation of the right side of the heart, but no venous pulsation whatever; and I constantly witness many similar." You see, then, that although Dr. Todd fully believed in the retrograde engorgement theory, he admitted that it was only the final element in the causation of dropsy.

The theory of deficient initial force is entirely in accordance with clinical experience. Everyone must have frequently observed the marvellous results from rest in bed in cases of cardiac dropsy. Under these conditions the heart has less resistance to encounter, and very little of its force is expended in the endeavour to overcome the action of gravity. The explanation ordinarily adopted is that by the recumbent posture the return of blood is facilitated. Upon the retrograde engorgement theory it is not very easy to see how rest would affect the question. But assuming deficient propelling force as an important factor in the production of dropsy, rest in bed is at once seen to lead to a conservation of energy by which each cardiac contraction becomes more efficient, the forward force is increased, and the degree of fulness of the right side of the heart is thus speedily diminished. Hence, provided that the muscular wall of the heart retains sufficient vital force, the conditions which have led to the dropsy are soon reversed. On the other hand, in extreme cases, with complications of pulmonary, hepatic, digestive, and renal mischief, the beneficial effect of rest is less likely to be noted; in these retrograde engorgement undoubtedly plays an important part; but, as above stated, it is not, I believe, the sole factor in the production of dropsy.

Further, with regard to the therapeutic measures which are ordinarily adopted, the whole theory of the treatment of heart disease with cardiac tonics and cardiac stimulants lends support to the theory of dropsy I have enunciated, since the primary object is always to steady the contrac-

tions of the heart and to increase their force. It is true that when the strength of the cardiac contractions is increased, the degree of retrograde engorgement is diminished; but it is none the less true that increased force applied to the blood as it enters the aorta means also increased force as it passes from the capillaries to the veins, and hence results in diminished transudation and increased reabsorption.

The theory is not opposed by the beneficial influence of purgatives, diuretics, and diaphoretics; these merely favour reabsorption by altering the specific gravity of the blood—or, perhaps it might be more correct to say, by altering for a short time the total quantity of fluid in the vascular system, this alteration being, in favourable cases, speedily equalised by reabsorption of fluid from the tissues. Doubtless during the time of reduced pressure the heart is enabled to work more efficiently, and hence to relieve backward engorgement and to flush the venous system more thoroughly. Whether the theory of diminished force will also serve to explain the ocurrence of dropsy in cases of chronic kidney disease I should at present hesitate to say. It would appear, however, that, whether we believe in the hypertrophy of the smaller arteries and their stopcock action as held by Dr. George Johnson, or in the arterio-capillary fibrosis of the late Sir William Gull and Dr. Sutton, there is in the character of the smaller arteries sufficient cause for impaired flow of blood through the capillaries, for altered nutrition of their walls, and for diminished cardiac impulse communicated to the blood in the veins—i.e., for three of the conditions necessary for dropsy.

Finally, let me briefly summarise what has been said. Cardiac dropsy is the accumulation of effused fluid in the lymph spaces; it results from (*a*) an increased transudation due to alteration in the nutrition of the vessels; (*b*) from impaired reabsorption through lymphatics and through veins. Through the former owing to the impeded flow of lymph resulting from distension of the right side of the heart and backward engorgement; through the latter owing to the blood in the venous radicles receiving insufficient propelling force from the heart, and thus being more entirely dependent upon the suction force for its return—this last, in turn, being diminished owing to the state of the right side of the heart.

NOTES ON THE FUNCTIONS OF THE NERVOUS SYSTEM.

BY W. R. GOWERS, M.D., F.R.S.,

CONSULTING PHYSICIAN TO UNIVERSITY COLLEGE HOSPITAL; PHYSICIAN TO THE NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.

IV.—MUSCULAR ADAPTATION AND HYPNOTIC CATALEPSY

I MAY recapitulate briefly the inferences of the last, not, I fear, very intelligible "Note." The widening of contracting muscular fibres stretches laterally the connective tissue; all traction on the muscle acts on this tissue longitudinally. The afferent fibres end in this tissue; impulses are *certainly* generated in them by both forms of tension. Normally there is a perfect proportion between the two, which is not disturbed by the contraction of the muscle, because the increased tension due to this is caused by and borne by the muscular fibres. The effect of all increased longitudinal tension produced by a tendency to movement of the part, is to lessen the activity of the motor cells and permit the muscle to yield to the movement. We traced the evidence of this in the case of the contracting opponents of the muscles that cause a movement. The same law affords so perfect an explanation of the adaptation to position and of all related phenomena that we cannot avoid the conclusion that it holds good to an equal extent of the muscles in which no voluntary contraction is taking place. In the state of "rest," as in the state of activity, the variations in longitudinal tension will induce such variations in the state of the motor cells as are necessary to cause the muscular fibres to assume the degree of shortening or elongation that corresponds to the distance between the attachments. The action of passive movement will cause a diminished action of the motor cells, precisely proportioned to the degree of traction and the consequent recession of the attachments, and the fibres will elongate in proportion to the extending force, while the muscles whose attachments are approximated will present a corresponding shortening. To understand this effect it is only necessary to remember (1) that a diminution in the longitudinal tension must have the effect of increasing the action of the cells, and (2) that the elongation of a muscular fibre is the result of an activity of its protoplasm no less than the shortening; apparently the shortening occurs only under the influence of the motor nerve impulses, while elongation is the result of a tendency, inherent in the protoplasm, which the nerve impulses oppose. We are bound to assume the spontaneity of the elongating action because all facts that have ever been observed connect nerve impulses with contraction only. These considerations seem to furnish an explanation of the mechanism of the "paradoxical contraction." The sudden diminution in tension causes—or rather permits—such an increase in the spontaneous activity of the cells as causes an excessive contraction.

I would digress for a moment to mention that it seems to me of paramount importance to keep clearly before the mind the distinction beween the relations that are to be traced and those that are possible. The great bane of medical hypotheses is to take as of equal value assumptions based on partial facts—partial, but certain—and assumptions based on no facts. The one is legitimate hypothesis, the other pure speculation. To reject the former on the strength of the latter is a process that deserves the name of suicidal science. It is a purely destructive process, which has only to be consistently extended to produce a sufficiently instructive result. In the absence of contrary evidence, we are bound to assume as true of the whole that which we know to be true of a part. To assert that this may not be true of the whole, and therefore may not be true of the particular instance with regard to which we have as yet no evidence, is a proceeding that perhaps involves the use of reason, but certainly is not reasoning. "One is as good as another" is a kind of assertion that has a great effect on those who do not take the trouble to ask, "Is it really?"

To return to the muscles. If it is true that contraction is the sole consequence of motor innervation and that every "negative variation" in the motor impulses is attended by elongation, the dependence of physiological tone on the nerve centres follows of necessity, and would be certain without the aid of experiment. The explanation of phenomena other than those by which a theory was framed constitutes additional proof of its truth.

In considering both the action of the cerebellum and the mechanism of automatic coördination, we saw that the influence of the afferent impulses on the motor cells of the spinal cord is repeated through the cerebellum on the motor cells of the cortex; that the functional state of these apparently underlies our perceptions of posture; and we can now perceive better the origin of these perceptions. The mechanism by which the muscles are enabled to adapt themselves to passive changes in them—the varying stimulation of the afferent nerves—is the same as that by which (through the cerebellum) our perceptions of posture are produced. This was considered in the first "Note," while in the last we saw that the afferent impulses and their effects entail corresponding changes in the activity of the motor cells of the spinal cord and of the motor cells of the cortex, which act upon those of the cord.

Here we may perceive an explanation of the phenomena of catalepsy, which, if not complete, at least enables us to see its mechanism in clear outline. It has been already mentioned that in the flexibilitas cerea of catalepsy we can perceive only an excessive degree of the normal adaptation to posture that we have just discussed. In this adaptation there is a synchronous, similar, and related process in the cortex of the brain and in the cells of the cord. Hypnotism consists in such a change in the functional state of the brain as cuts off the lower cortical mechanisms from the influence of higher ones, leaving sensory and motor centres connected with each other, sometimes with, sometimes without some of the lower centres that subserve mental processes. In the hypnotic catalepsy, apparently, the inhibitory action includes all the structures that subserve psychical processes, and the lower motor centres are in functional connexion only with the lower sensory centres. The higher controls the lower, and, uncontrolled, the lower passes into a state of increased action. This law seems to obtain throughout the central nervous system. The spontaneous activity of the motor cortex, unrestrained, is instantly manifested by the universal increase in the

normal tone, obeying the laws of the normal adaptation, differing therefrom only in degree. In no other way can we understand the essential features of the phenomena—the instant development of the cataleptic state, its universal distribution, and its unvarying degree, instantly reached, persistently maintained. It yields to passive movement by the normal mechanism, and it yields more slowly to the like effect produced by gravitation on the tension of the muscles that oppose the force. The motor centres, irresponsive to the will, are yet in such relation to the structures for sensation that they can respond to these, at least in certain forms of sensory action; and although the spontaneous activity cannot be altered by the will, a ticking watch will cause a sudden change of posture due to a sudden induced alteration in the action of the cells, which remain, however, in the same state of spontaneous overaction. Still more remarkable is their susceptibility to cutaneous impressions of a gentle character, such as stroking the skin over a muscle, while a new train of thought is suggested by the fact that the spell of inhibition can at once be broken and the normal state restored by the sudden stimulation of the respiratory centre that is effected by a puff of air on the face. Indeed, all the phenomena of hypnotism demonstrate how different, and even contrary, are the influences exerted by sudden stimuli, and by those that are gradual, or, more precisely, are destitute of the element of suddenness.

Hypnotic catalepsy thus confirms our conclusion that the motor cortex shares the influences, and takes part in the mechanism, by which the state of muscles is kept in accordance with the posture of the parts and the movements they undergo. If these assumptions seem inconsistent with the opinion maintained in the first note, that the spinal cells are restrained by an unrestrained cortex, it should be remembered first that the conditions are essentially different, and that the loss of the cerebellar influence may make all the difference in the result. In catalepsy the cerebellar relations are perfectly maintained, and the increased action of the cortex may reasonably be assumed to have the same effect, in augmenting that of the spinal cells, as does its induced activity in a voluntary movement.

NOTES OF CASES SEEN AT OUT-DOOR VISITATION, GLASGOW UNIVERSITY.

By M. CHARTERIS, M.D.

SINCE the opening of the Medical Institute, Glasgow, two years ago, 1200 cases have been attended to by senior students of the University of Glasgow, under the direct supervision of a staff of consulting physicians and surgeons. On an average each case has been seen six times, so that the number of visits exceeds seven thousand. All necessary medicines have been supplied free, the prescriptions being dispensed by qualified druggists. An insight has thus been gained by young medical men into the details of general practice, for under observation were various forms of medical and surgical ailments, diseases of children, the diagnosis of the incipient stage of the eruptive and continued fevers. The work has been heartily carried on in a poor district near to the University, and the visits of the "young doctors" have been greatly appreciated by patients and the friends of those who are ill. The following notes of cases, extracted from the students' note-books, may be taken as fairly illustrative of the work done.

CASE 1. *Chlorosis.*—C. B——, aged eighteen, factory worker, had typical symptoms of chlorosis, as the green colour of the face and pallor of the gums. She complained also of dyspnœa, palpitation on ascending stairs, intercostal neuralgia, constipation, and stated that the menses had been suppressed for six months. The treatment immediately adopted was chalybeate by means of Blaud's pills, in the way directed by Professor Charteris—viz., one pill thrice daily to begin with, increased by one pill daily till eighteen are being taken per diem; then decreased by one daily until the original dose is reached. The colour was observed to improve in four days after the treatment was begun, and the palpitation and dyspnœa became less marked. This improvement steadily continued, and in the course of a month the menses appeared. Two weeks afterwards the patient was thoroughly restored to health.

CASE 2. *Neuralgia.*—J. B——, aged fifty, complained of great itching of the scalp, and severe pain in the frontal, orbital, and occipital regions of the head. "Nits" were observed on the hairy scalp. The diagnosis made was neuralgia with pediculi capitis. For the pediculi white precipitate ointment was ordered, and for the neuralgia butyl-chloral-hydrate in five-grain doses. Both remedies acted well, and in a week the recovery was complete.

CASE 3. *Ulcer of cornea.*—L. R——, aged thirty, suffered from a large ulcer of the cornea at its outer and lower margin, and was treated by the application of yellow oxide of mercury ointment and the bathing of the eyes with McKenzie's eye lotion. In five weeks the ulcer had healed.

CASE 4. *Ulcer of the leg.*—W. L——, female, aged forty, had a large ulcer on the inside of the lower third of the left leg. There was a history of pain and swelling with heat and redness of the leg before the ulcer formed. The ulcer, indolent in type, had abrupt edges, and was of a dull red colour. There was marked varicosity of the veins, and some œdema of the affected leg. The treatment adopted consisted in careful bandaging of the leg and the application of moist boracic lint to the ulcer, and a mixture containing sulphate of magnesium and sulphuric acid was administered internally.

CASE 5. *Diabetes mellitus.*—O. R——, female, aged forty-five, was greatly emaciated, very weak, and complained of the passage of a large quantity of pale urine. The urine passed daily amounted to 320 ounces, and contained twenty grains of sugar to the ounce. As this case required careful dieting, arrangements were carried out by which she was admitted to the Western Infirmary.

CASE 6. *Phthisis.*—M. S——, female, aged eleven. The patient was emaciated and weak, and complained of severe cough and pain in the chest. On examination there was evidence of a cavity at the apex of the right lung and consolidation at the apex of the left lung. Moist râles were detected all over the chest. In this case the night sweats were markedly relieved by antifebrin, and the general condition was improved by cod-liver oil, chemical food, and the occasional use of sedative cough mixtures.

CASE 7. *Spastic paralysis.*—R. C——, female, aged fifty. The history of this case was as follows. Fifteen years ago she had a number of "fits," and after these gradually increasing paralysis supervened. For four years she has been quite unable to walk, and her present condition shows the limbs to be powerless and strongly flexed at the knees. Owing to her wretched surroundings, and want of proper attendance, two large bedsores had formed over the ischial tuberosities. Application was made for an attendant from the Sick Poor Nursing Association, which was readily granted, and by care and daily dressing her condition was rendered much more comfortable.

CASE 8. *Acute rheumatism.*—J. C——, female, aged forty, complained of pains in the large joints, especially in the knees and ankles, which were considerably swollen. The temperature was 103° F. There was no heart complication. She was ordered twenty grains every two hours of B.P. salicylate of sodium (artificial), but in the course of twenty-four hours this gave rise to great depression and some excitement, and it was discontinued, and salicine was given instead in twenty-five-grain doses every three hours. In forty-eight hours the temperature was normal and the swelling and pain in the joints gone. The salicine was then continued for ten days in smaller doses, less frequently repeated, and by this time the patient was better and able to attend to her household duties.

CASE 9. *Acute rheumatism.*—C. A——, female, aged forty-five. Second attack of acute rheumatism. Temperature 102° F. Ankle- and knee-joints greatly swollen and very painful. Duration of illness five day. Schering's physiologically pure salicylate of sodium was ordered in twenty-grain doses every two hours. In the course of twenty-four hours pain and swelling were entirely gone; temperature 99° F. The medicine was continued in diminished doses for four days, and the patient made a perfect recovery. She stated that her previous attack lasted for six weeks, and that the medicine she took had done her little good, but what it was she did not know.

CASE 10. *Acute simple cerebral meningitis.*—E. R——, a boy aged four years, in the middle of the day came in from play and complained to his mother that his head was very sore. He was put to bed, and vomiting occurred without retching. In a few hours he was delirious, the eyes were red, the face flushed, and the head hot. The temperature

in the evening was 101° F., and on the following morning, when seen by a consulting physician, the temperature was 103° F. The nature of the case was evident, and prompt measures were put in force. The head was shaved and a blister applied to the scalp. Ice in a bag was placed on the nape of the neck. Mercurial ointment was ordered to be rubbed in thrice daily. After twenty-four hours symptoms of amendment were observed. He could notice things, the restlessness was less marked, and the temperature was lower—101° F. He was able to take some nourishment. The inunction was still carried on, and the result of the treatment was satisfactory. The same evening the temperature was normal, and the sleep became natural. His recovery was complete, and at the end of a week he was sitting up.

Glasgow.

THE RADICAL CURE OF HERNIA.

WITH DESCRIPTION OF A NEW MODIFICATION OF MACEWEN'S OPERATION.[1]

BY E. STANMORE BISHOP, F.R.C.S. ENG.,
HONORARY SURGEON TO THE ANCOATS HOSPITAL, MANCHESTER.

THE present position of the profession in reference to hernia when non-strangulated is practically that enunciated by Mr. Mitchell Banks at Dublin in 1887, and may be summed up in a sentence. If a well-fitting truss can be worn, let well alone. My object is to draw attention to this dictum, and whilst offering certain reasons for a contrary opinion, to invite discussion and obtain, if possible, a reconsideration of the subject.

So far as *safety* goes, is a man secure with a good, well-fitting truss? Given a man of intelligence, who will implicitly and in the spirit follow out your instructions, he may be, but no surgeon who has had experience of hospital, Poor-law, or club work will expect to find any large amount of nous in the ordinary British working-man or his inferiors. Moreover, if trusses were so certain and safe, how is it that there are so many various forms? Each one brought forward to remedy some real or supposed drawback to the efficiency of previous types—for, note, that all a truss has to justify its use is its reliability—is a confession that those before it have not fulfilled reasonable expectations. All that is asked of them is that they should be trusted to keep up the rupture without fail, and the appearance of each fresh one is a tacit confession that those previously in use have not succeeded. Still further, we must all of us again and again have met with cases in old men in which the patient declares that at first the truss acted admirably, but that lately the rupture has been constantly slipping past, and that now no truss that he can find is sufficient. Are not bag trusses a confession of failure? And if the hernia is not kept up, are not trusses really an addition to the danger by nipping the bowel between them and the abdominal wall? If the patient is rich, he will probably have two or three; but if poor, and his one truss breaks, there is a period of acute danger through which he has to pass before another can be fitted, and this may, probably will, be repeated again and again. And, surely, truss life can scarcely be considered *satisfactory*. To condemn a man under forty-five to spend the rest of his days in the close companionship of a truss does not seem to a surgical mind anything but a lame and impotent conclusion. No doubt, men can become accustomed to them, as, luckily, men can become accustomed to anything—even slavery. But that does not make the position of a slave any the more enviable, and a man with a truss is in sober truth a slave to it. Besides, how many avenues in life are practically closed to a man who has to wear a truss? He cannot become a soldier or a sailor, or indulge in athletics of any description. So most become fat and unwieldy from want of exercise, and the fatty deposits increase the internal pressure and weaken the external resistance, and so tend to perpetuate and intensify the mischief. It must be clearly understood, of course, that these remarks do not apply to the use of trusses in childhood. Their radical effect in such cases is too well known to be matter of dispute. I am speaking simply of patients of such an age that the truss is no longer used with any hope of effecting a cure, but merely as a support.

On the other hand, what have surgeons to offer as a substitute?

In 1883 Birkett, writing in Holmes's System of Surgery, under the heading "The so-called Radical Cure," quotes with approval the dictum of Lawrence, "The subject of an incarcerated rupture submits to an operation in order to save his life. But he whose hernia is reducible endangers his life to get rid of an inconvenience, and the operation affords no greater prospect of entire recovery than he had without it. For after he has undergone an operation at the hazard of life the complaint may return, and the only protection against relapse is to wear a truss." Mr. Mitchell Banks, in 1884, says in effect the same thing. "The term radical cure, implying as it does a thorough and perpetual cure, has I suspect been rather deterring to the progress of the operation than otherwise. People have been led by it to expect too much, and have in consequence naturally been disappointed. It is popularly understood that a patient upon whom a radical cure has been performed need never again wear a truss, nor ever again be in danger of his hernia coming down. This is unfortunately far from being the case. The instances where a light truss can be dispensed with are the minority, and as regards a return of the hernia, I argue that any man in whom a hernia occurs is naturally a man of lax fibre and patulous abdominal apertures. Now, it is not to be expected that you can make him better than he was before the rupture occurred; so that if you only make him as good, then you only make him a man of lax fibre and patulous abdominal apertures once more, and such a man ought always to wear a truss as a protection."[2] Mr. Barker has expressed his opinion against operative interference when, the alternative, a truss can be worn. "I wish to state distinctly," he says, "that in no instance have I attempted a radical cure of a hernia unless there was some special reason for abandoning the palliative treatment by trusses." Statistics throw some light upon this question. Surgeons who hold similar opinions to those given above find their justification in the statements of Leistink, who estimates that relapse occurs in one-third of all cases treated by ligature and excision of the sac; and of Nussbaum, who declares that the hernia reappears in nearly one-half; quoted by Treves in "Heath's Dictionary of Surgery," article Hernia, 1886; also in Andaregg's list given in Sajous' "Annual of the Medical Sciences, 1888," in which of forty-one non-incarcerated inguinal hernia there were twenty-one relapses; in thirty-three strangulated inguinal, nine relapses; whilst in a total of 105 cases of all kinds there were forty-one relapses. Wood also has a list of 339 cases treated by his method, with five deaths and fifty-nine relapses to a greater or less extent. On the other hand, other surgeons, as Macewen, Walsham, Wheeler, Kendal Franks, and Ball express no such limitation to the usefulness of the operation, and give statistics which show that properly performed, and by the latest methods, it is not only an extremely safe operation, but that eminently satisfactory and permanent results may be reasonably expected from it.

Thus Ball has a list of 22 cases, with no deaths, 3 wearing a truss subsequently; Walsham (number not given), no deaths, 1 return (umbilical); Kendal Franks, 19 cases, no deaths, 4 returns; Barker, 41 cases, no deaths, 5 returns; Banks, 68 cases, no deaths, 11 returns. Whilst by the latest method, Macewen has 49 cases, with no deaths, and 1 wore a truss after, but it is doubtful whether it was required. The above make a total of 199 cases by 5 operators (Walsham omitted, since the number of his cases is not stated) without a death, and 21 returns; or, if by the latest and best method, no return at all.

The question of the safety of this operation is thus answered; for note that all the cases in the last list are those of non-strangulated hernia, and, therefore, operations of convenience, but also operations in which all extraneous causes of death are eliminated, and therefore by means of which the risks due to the operation itself can be fairly estimated. In considering the question of a satisfactory result, two things should be allowed due weight. First, the operation performed, its *a priori* chances of success; for if one operation is foredoomed to failure, and the reasons for its non-success can be shown, such failures should not count against another method, which contains within it the essentials of success, simply because they may both be described as operations for radical cure.

[1] Read before the Clinical Society of Manchester, Nov. 19th, 1889.

[2] Med. Times and Gaz., 1884, vol. ii., p. 10

Secondly, and conversely, I believe we are justified in requiring at the present day something more than is implied by Mr. Mitchell Banks in the remarks which I have quoted before we can rank any case as a genuine success. I doubt whether surgeons, after reading Dr. Macewen's paper, will accept Mr. Mitchell Banks' declaration that it is impossible to do more than merely to restore the *status quo ante*. And, *par parenthesis*, I cannot think that all will subscribe to the doctrine that a man who has a hernia is necessarily a man of lax fibre. I am quite certain that in some of the cases I have seen in which the hernia followed a severe strain the general tone of the patient's tissues was distinctly good and firm. Indeed, it is not men of lax fibre who expose themselves to the accidents, or engage in the work which is likely to bring about this result. Compare Kendal Franks' statements as to three cases which he instances of results following his operations. One, a student, twelve months later, won a bicycle four-mile race; since then the fifty-mile championship of Ireland and the ten-mile championship, without a truss. Another rode subsequently in a fifty-mile bicycle race, without injury, and without a truss. A third, a railway porter, two years after fulfilled the duties of his position perfectly, and without a truss. But much depends upon the operation chosen, and the aim set before the mind of the operator. And therefore I ask your attention to a short *résumé* of the operations at present in use, and the principles which govern them. These operations may be conveniently divided into two main classes. First, those which aim to act upon the *canal in* the abdominal wall; and, second, those which act *from within* that structure. The majority of present operations come under the former category. They are those of Wood, Spanton, Banks, Ball, M'Burney, Little, and Halstead. In describing them I shall omit all obvious details, and confine myself to the essential ones. Wood's operation is well known. A small scrotal incision is made. The sac, emptied, is separated with the surrounding tissue for a short distance from the skin, with the handle of the scalpel, and then invaginated with the left forefinger into the inguinal canal until the operator's finger feels the lower border of the internal oblique. The semicircular needle, which he uses fixed in a handle, is carried up now to the point of the finger and made to transfix the conjoined tendon from within outwards. As it comes towards the surface, the skin is drawn inwards, so that the needle point comes through directly over the centre of the neck; a strong wire is passed into its eye, and as the needle is drawn back it carries the wire through the tendon and brings one end out through the scrotal wound. Passed up again, after having been freed from the wire, it now pierces Poupart's ligament from within outwards, and, the skin being now drawn outwards, its point emerges through the same opening in that structure as before. The opposite end of the wire is taken back by it in its return to the scrotal opening, so that a loop is left passing across the neck of the sac, whilst both ends project through the scrotal wound. One of these latter is now taken across behind the sac and twisted upon its fellow. The sac now lies in a loop of wire, and by pulling upon its upper end it is invaginated more or less into the canal. The loop is then twisted up firmly both above and below, and its two extremities are united over a pad lying over the skin between the needle puncture and the scrotal opening. The wires are left in from eight to twelve days, then untwisted and withdrawn. A horseshoe truss is worn for a few months.

Spanton's operation.—A similar scrotal wound is made, the sac and tissues pushed up to a similar extent; but the uniting medium used is not a wire, but a corkscrew-like instrument technically known as a strepbotome. The end of this projects through the scrotal wound, and is covered by a rubber ball. The various curves of the instrument penetrate and lie in the conjoint tendon, Poupart's ligament, and the sac. A pad and bandage are applied over all. In from seven to ten days consolidation is complete, and the screw is removed. A pad and bandage are usually worn for two or three weeks.

Banks' operation.—The sac is separated from the cord and from the structures in the canal as high as the internal ring; its neck is now ligatured with twisted silk as high up as possible, and the fundus cut away about half an inch below. The canal and rings are then sutured by two or three silver sutures cut close to the knot and left in position.

Ball's operation.—The sac is freed quite up to the internal ring, and a little beyond, then twisted by a broad catch forceps usually four to five times, or until any further torsion would produce rupture. A stout catgut ligature is placed round the twisted sac as high up as possible, tied tightly, and the ends cut off short. Two sutures are then passed through rings and twisted sac and secured outside over leaden plates on either side.

Of the operations now in vogue, it will be noted that the first two (Wood's and Spanton's) are subcutaneous, and aim at fixing the neck of the sac in the canal, to act as a plug, by metal removable appliances; whilst the last two (Banks' and Ball's) use the neck of the sac in the same way and for the same purpose, but by buried sutures; both of these last two tie the neck of the sac in the first place, thus shutting off the peritoneum from all chance of further infection during the healing process. Of the two Ball attempts to produce the greater effect by firmly twisting the stump, and claims indeed by this method to diminish any commencing hernia on the opposite side by tightening up the lax peritoneum, whilst at the same time the chances of return are lessened by the same manœuvre. But in all these the main block to the return of the rupture is a plug formed in various ways, and occluding by its presence in the canal the opening through which the bowel has descended, reinforced by attempts made to bring together two tendinous surfaces, and to obtain union between them mediately or immediately. Banks and Ball lay stress on the tying of the neck of the sac very high up, so as to leave no depression on the internal side of the abdominal wall, into which the bowel may press, so directing its force against the weak points in the environment. Whether or not they succeed must be left to general opinion. I do not think it possible.

McBurney's operation. — Incision through all tissues down to the anterior wall of the canal, from a little outside the situation of the internal ring downward over the sac, and exposing the whole canal and external ring. With scissors the anterior wall is then divided. The deeper coverings of the sac being dissected off, and the spermatic cord separated, the whole sac is dissected out and lifted up. The sac is invariably opened, and its contents reduced. The sac being lifted up, the fingers are inserted through the neck and into the peritoneal cavity. A ligature of silk or catgut is placed round the neck, and as the finger which guards against the presence of any gut or omentum is withdrawn, the loop is tightened at the very highest point. The remainder of the sac is cut away. Up to this point the principle of the operation is that underlying that of Banks. The operator now unites the tissues which form the respective edges of the wound. Thus above he brings together the skin and the conjoined tendon; below, the skin and Poupart's ligament. Deep tension sutures pass across to diminish the size of the space left, which is now packed with iodoform gauze. The wound is thus made to fill up with granulation tissue, which produces later a thick scar, believed by McBurney to be the best guard against relapse. From five to six weeks are generally required.

Little's operation is a modification of McBurney's. In Halstead's operation, as described in the *Brit. Med. Jour.* of March 1st, 1890, the main point appears to be the removal of the vas deferens and vessels to the outer from the inner angle of the wound. No account is given of the disposal of the sac, but some stress is laid upon the method of stitching the skin, the sutures penetrating only the lower half of its structure and becoming buried. The abdominal cavity is closed by quilled sutures passed through the peritoneum at a level higher by about two inches than the neck of the sac. The first two operations proceed upon the premiss that the firmest and most resistant plug is formed by scar tissue—a fact open to question; but the plug is in the same relative position—namely, in the intestinal wall.

(To be concluded.)

DEACONESSES' INSTITUTE AND HOSPITAL, TOTTENHAM.—The twenty-third annual report states that 745 in-patients were treated in the hospital, and the out-patients numbered 6208. The financial position shows that about £4000 was still required to discharge outstanding debts. There are now sixty-six nursing sisters connected with the institution. It may be stated that the director and sisters have no pecuniary reward, and, except board and clothing, their services are entirely gratuitous.

NOTES ON A SINGULAR CASE OF HEART DISEASE.

BY CLAUDE WILSON, M.D. EDIN.

THE little girl, M. E. B——, aged ten years and a half, who died from the effects of rheumatic pericarditis and pleurisy, presented sundry points of interest beyond those here dwelt upon. It would serve no good purpose to give a lengthened clinical history, and, as the question to which I wish to draw attention is a limited one, I shall confine myself to those points which have a direct bearing upon it. It is perhaps well to state at once that physical signs seemed to point almost conclusively to the presence of mitral stenosis, and that this lesion was proved post mortem to be absent. During the last six weeks of life the child's pulse was very rapid, and never sank below 120, while it frequently rose to 140 and 160. The difficulty in analysing the various sounds heard was consequently considerable, but they were so well marked as to leave in my mind no doubt as to the physical conditions present. Pericardial friction was present, at one time or another, all over the heart; it came and went, leaving the endocardial sounds clear. Almost all over the chest a systolic murmur was audible, and was easily traced to the mitral valve. In the aortic and pulmonary areas the second sound was clear and healthy. In the tricuspid both sounds could be heard. The mitral orifice is the one to which I must allude in more detail. On placing the hand over the heart a distinct purring thrill was always felt above and internal to the apex beat. The thrill preceded the apex beat, but commenced earlier in diastole than is common with stenotic thrill. The cardiac impulse was diffuse, and extended at one point to the eighth interspace, and at another to the anterior axillary line. On applying the stethoscope to the mitral area, the sounds heard were such as remind one of a double aortic lesion, a loud double to-and-fro murmur being heard. The systolic portion of this murmur was conducted into the axilla, and if carefully listened for could be heard almost all over the thorax. The diastolic portion is that which interests us. In the mitral area it eclipsed the second sound, and ran up to, or almost up to, the apex beat. The rapidity of the heart's action made it very difficult to say whether there was or was not a very slight pause between the termination of this murmur, with its corresponding thrill, and the apex beat. This did not appear to me essential to determine, as in either case I could attribute the thrill and murmur only to mitral stenosis. The aortic valves gave a sharp enough second sound, and the pulse was not that of aortic regurgitation. Pericardial friction came and went, but did not affect the murmur and the thrill, which remained constant. At one time a distinct double pericardial rub was audible over the mitral area, quite distinct in character from the murmurs, which were even then easily made out, and sounded much more distant than the friction. My friend Dr. F. R. B. Bisshopp more than once saw the case with me, and we both, with confidence, diagnosed mitral stenosis and regurgitation, with pericarditis.

The post-mortem appearances were as follows. The heart was large, and the pericardium much thickened and firmly adherent all over. It was, moreover, adherent to the chest wall. All the cavities were somewhat dilated, those on the left side very markedly so; and the heart walls were rather, though not very, thin. The tricuspid, pulmonary, and aortic orifices were not dilated, and the valves were perfectly healthy. The mitral curtains were somewhat thickened, but free from vegetations and not adherent to one another; and the orifice was so markedly dilated that, though the heart was that of a child ten years old, it readily admitted three fingers. The systolic murmur was readily accounted for; but there was no stenosis, and absolutely nothing to account for the physical signs which led us to expect it.

Remarks.—All authorities,[1] with one exception, agree in looking upon a presystolic thrill and murmur as absolutely pathognomonic of organic mitral construction, and Austin Flint's theory[2] of a functional presystolic murmur in cases of aortic insufficiency does not here help us. Dr. Dickinson, while demurring as to the cause of the murmur, says it is never found without stenosis, and what he regards as a true auriculo-ventricular murmur, occurring earlier than the common presystolic, is, he says, indicative of the same condition.[3]

If the case I have related had been one of the ordinary short rough presystolic murmur and thrill running up to and terminating abruptly with the apex beat, it would indeed have been phenomenal. As it is, it appears to me hardly less so. Doubtless such cases must be of excessively rare occurrence, and need in no way shake our faith in the interpretation of physical signs. I have myself seen one case in which varying murmurs were noted during life while the heart after death was found in a perfectly healthy condition, and in which there appeared to be no assignable cause for the murmurs. In the present case we have one well-marked lesion—viz., extreme dilatation of the mitral orifice. It is difficult from this condition to account for the first murmur and the thrill, and perhaps it would be wise to hazard no suggestion. The clinical signs were, however, constant, and must have depended on some cause constantly at work; and were it not for the fact that mitral dilatation is constantly occurring with only a systolic murmur, it would seem to me possible that both thrill and murmur might be caused, especially in a heart where systole was short and weak, by the falling or expulsion *en bloc* of the mass of blood just thrown into the auricle through the voluminous orifice into a dilated ventricle, the walls of which were relaxed and flabby.

Tunbridge Wells.

[1] Balfour: Diseases of the Heart, 2nd edition, p. 119. Bramwell: Diseases of the Heart, p. 177. Sansom: Diagnosis of Diseases of the Heart, p. 75.

[2] THE LANCET, Jan. 27th, 1883. [3] Ibid., vol. ii. 1889, p. 781.

NOTES OF A CASE OF THROMBOSIS OF THE CEREBRAL SINUSES.[1]

BY H. MALLINS, A.B., M.B., M.CH.

JAMES O——, aged two years, the hitherto healthy child of robust, healthy parents, was suddenly attacked with severe diarrhœa on Saturday morning, Dec. 15th, 1888, the diarrhœa being unattended with pain. The following day, Sunday, beyond being dull and listless, his condition gave rise to no anxiety whatever. He was up and dressed, and, while the family were having their mid-day meal, he asked for some suet-pudding, of which, however, he did not take more than a mouthful. At about 7 P.M. his father, having noticed how very cold he was, though sitting close to the fire, went to bed, taking the child with him, with a view to warming him. He remembers that the boy did not answer any questions, but attributed this to drowsiness. About an hour and a half later he was startled by the sudden striking out with great violence—"almost as strong as a man"—of the child's legs. Having procured a light, he found him looking "very queer"; his eyes rolling; his head moving quickly from side to side; his teeth loudly grinding; his breathing being rapid, and all consciousness lost. Convinced that the boy was dying, he at once sent for me. On arrival, I found the patient quite moribund; body icily cold; skin of hands and arms the seat of patches of purple congestion; eyes upturned, pupils dilated and insensible to light; no pulse; occasional feeble convulsive movements of the right arm. Death occurred shortly afterwards. A careful investigation failed to disclose any cause for the diarrhœa—which subsequently attacked several more of the family—other than that of the suddenly developed severe cold of the atmosphere acting on an individual who, with his family, had recently quitted the workhouse and was naturally but poorly nourished. With the father's consent a necropsy was made. The brain was first examined, as the symptoms observed during life pointed to a cerebral origin. On attempting to remove the calvaria, it was found that the dura mater, as is not unusual in young subjects, was so adherent as to necessitate its being cut all round on a level with the saw-line, before the brain could be removed. On examining the membrane while still adherent to the vault of the skull, the eye was at once caught by the black and turgid condition of the veins which enter the superior longitudinal sinus

[1] A paper read at a meeting of the Norwich Medico-Chirurgical Society.

laterally. That sinus itself was equally prominent and distended, and on being slit up was found to contain a small quantity of very dark fluid blood, its calibre, however, being chiefly occupied by a well-formed, pale-coloured clot, which extended the entire length of the sinus to the torcular Herophili, and thence to the lateral, straight, occipital, superior, and inferior petrosal sinuses, all of which stood out in bold relief, owing to the tense condition of their walls. All the meningeal veins, more particularly on the upper surface of the brain, were much distended. On section of the various parts of the brain all were found healthy with the exception of the right lobe of the cerebellum, which contained in about its centre a small but well-marked extravasation. With respect to the rest of the body, nothing noteworthy was observed beyond the markedly distended state of the right side of the heart, more especially of the auricle, which looked ready to burst.

Remarks.—The generally recognised causes of sinus thrombosis are of two kinds—first, certain states of the blood and of the circulation; and secondly, certain diseased conditions of the tissues adjacent to the sinuses. Thrombosis due to the first class occurs most frequently in children, and the chief exciting cause is severe diarrhœa. In adults it occasionally occurs in the last stages of phthisis and cancer. Severe diarrhœa would seem to operate in a twofold manner. By its exhausting effect it lowers the force of the heart beat, while by dehydrating the blood it not only reduces its volume, but also increases its viscidity, as is notably the case in Asiatic cholera, thus rendering its onward propulsion still more difficult. A greatly retarded circulation of blood less fluid than normal being thus premised, it becomes an easy matter to comprehend why the cerebral sinuses, and more particularly the superior longitudinal sinus, should become the seat of thrombosis. For this latter one presents the folllowing conditions: a tube with rigid walls, an irregularly shaped cavity crossed by numerous fibrous bands—the chordæ Willisii—and a blood current, as Dr. Gowers[2] has pointed out, normally more feeble than in any other vessel in the body. Given the foregoing mechanical conditions, *plus* the retarded circulation of a blood of diminished fluidity, this sinus comes to constitute, as it were, a trap for catching a thrombus. Of the second class of causes diseased bones of the skull, especially in the vicinity of the internal ear, is the most common, producing thrombosis of the superior petrosal or the lateral sinus. A close analysis of the symptoms of recorded cases of this disease leads to the unsatisfactory conclusion that there is not one which is pathognomonic. The cerebral symptoms are chiefly general—viz., apathy, somnolence, coma, convulsions, rigidity of the neck, and vomiting. In very young children, when the superior longitudinal sinus is chiefly involved, prominence of the fontanelle and œdema of the scalp have been observed. With regard, therefore, to the diagnosis of sinus thrombosis, we can only conclude with Dr. West,[3] "that when symptoms set in suddenly in debilitated subjects, and do not run the course of any ordinary form of cerebral disease, such symptoms will probably be found to be due to thrombosis of the cerebral sinuses."

Watton, Norfolk.

MORAL IMBECILITY OR CRIME.

BY H. P. HAWKINS, M.A., M.B., M.R.C.P.

E. I——, described in the police report as a well-dressed girl of fifteen, was brought before Mr. Sheil at the Westminster Police-court on Oct. 11th, 1889, for a series of thefts committed during the previous six weeks. Her plan of action had been the common one of gaining entrance to shops on false pretences, secreting one or two portable articles of value, and subsequently realising through the pawnbroker. It is not certain how much was due to her own initiative, as she was in the hands of older women. There was nothing in the case which, to the legal eye, would excite suspicion of insanity. The prisoner appeared to be a dangerous member of the community; motive enough was apparent, the articles stolen being of considerable value, and the cunning displayed indicated considerable, though perverted, intellectual power. But Mr. Sheil kindly granted a remand as soon as the desirability of examining into her mental condition was represented to him, and finally discharged her.

The previous history of the girl, which at any rate seemed to justify the request for a remand, may be briefly told. The influence of heredity may be traced, though it is not very strong, her father's uncle having become insane, with fixed delusions, late in life. Her birth was natural, and her first impressions can only have been such as are derived from a respectable and comfortable home; but as soon as speech was acquired she was found to be untruthful, and though perhaps not more so than many children who subsequently become excellent citizens, the deterrent effect of punishment was wanting, and, while her bodily growth was rapid, it became evident that the perception of her moral relations to others remained in abeyance. Upon her release from the cradle a further gap in her innate stock of morality stood revealed, for she began to appropriate the childish articles around her, and would expend much ingenuity in stealing and concealing an article which she might have had for the asking, though there was no trace of the magpie habits of the weak-minded; and in combating this tendency also education and example proved of no avail. Before she was five years old the method of obtaining sweets by asking for them at shops in her mother's name had been evolved and carried out with success. Truth and property rights were two blind spots in her moral eye; they meant nothing to her then, and mean nothing now; but there seems to have been no intellectual defect whatever, though perhaps there is slight failure at the present time. Receptivity, memory, and reasoning power were of full development, her natural affections were strong, and her will showed weakness only in that she was unable to control her thieving desire in spite of genuine contrition.

As might have been foreseen, the onset of puberty gave her mental balance a thrust which it scarcely survived. In October, 1888, her mother found her sitting on the floor with her nightgown on over her clothes, and a poker in her hand, talking excitedly and incoherently; and she was admitted a week later into St. Thomas's Hospital under Dr. Bristowe, who has kindly allowed me to publish these notes. On admission she was a well-grown girl, in perfect bodily health, with a rather low forehead, abundant black hair, and well-formed features and palate; her expression was vacant and she was speechless, answering questions only with a stare of curiosity like a three-year-old child. She preserved power over her arms, but her legs were limp and useless; there was no affection of sensation; the knee jerks and plantar reflexes were normal, and the pupils large and equal; there were no marks on the tongue. It was found that any bright object, such as a watch, knife, or pencil-case, at once attracted her attention, acting as surely as a magnet on iron; she would instantly fix her eyes on it, and her expression of vacant listlessness would give place to one of interest and eagerness, which became more intense and feverish as the glittering body approached her, until she could finally snatch at it; if she was unsuccessful in obtaining the object, she would watch patiently for it, marking down its whereabouts when it was concealed; if successful, she would use it as a plaything, with short, meaningless laughter. The previous history was at first imperfectly obtained; it was known only that she had been "strange" all her life, so that the case was set down as one of idiocy. But in three days she was perfectly well and immensely improved in appearance; instead of dulness and emptiness, one read in her face the ample capacity for the enjoyment of life that comes from perfect health of body and mind, and she stayed for some time in the ward making herself useful and liked. It is difficult to be certain, but I believe she had little or no recollection of this illness, which seemed like a slice of her three-year-old life inserted into her fourteenth year. A few days after leaving the hospital she was readmitted with loss of power in both legs and wide rhythmical tremors of the upper extremities, but she was speedily cured by battery and shower-bath. The catamenia now appeared for the first time.

From this point onwards the road is down hill; the stealing is constant; she begins to wander away from home for two or three days at a time, honestly repentant, but ever restless, and after being lost for six weeks is found in a police-court. Through the kindness of Dr. Gilbert of H.M. prison at Holloway I was enabled to see her. There may be now some slight intellectual failure, though she falls far

[2] Diseases of the Nervous System, vol. ii., p. 417.
[3] Diseases of Children, sixth edition, p. 120.

short of the old-world legal standard of insanity, but there appears to be fair ground for considering her to be morally imbecile, suffering from the faults or defective surroundings of her ancestors.

Such cases, no doubt, are common enough; but what is to be done with them? I suppose the moral degree attained by the adult is the sum of inheritance and education; that inheritance, using the word in its widest sense, is a real factor, is shown by such a case as this, where the first modes of employment which a child can find for its newly acquired powers of speech and muscular coördination are lying and stealing; but the second element of education is for us the more important, the individually imperceptible touches of passive example and active teaching which finally mould the man. The retention of these moral imbeciles as free members of the community depends on the possibility either of sowing and raising the missing ideas on the bare place in the moral field, or of covering its nakedness by development of the baser reasoning faculty. Cannot something be done in this latter direction? Many a man has been a liar in his childhood, and perhaps through the early part of his school life; and then, as he began to realise the danger and futility of the habit, has lost the defect, without gaining at the same time any keener admiration for the beauty of truth in itself, and, consequently, having effected a social rather than a moral advance; and the possibility of the occurrence of such a change, moral in appearance but social in effect, without any specially directed pressure from the outside, may surely infuse some hopefulness into a scheme in which such cases as the one described above would be taken in hand at an early period and subjected to skilled teaching with this definite aim. At present the law knows only the criminal, the innocent, and the lunatic, and has no machinery for dealing with the fourth class—the irresponsible morally insane. We give them increasing terms of imprisonment, alternating with periods of crime and prostitution; and perhaps Plato, who recognised the class, was wiser when, in his model constitution, he laid down for them the penalty of death.

St. Thomas's Hospital.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

UNUSUAL TOXIC ACTION OF SALICYLATE OF SODA.

BY G. B. BARRON, M.D.

ANY unusual action of remedies is worthy of record, specially of those frequently prescribed and relied on in acute disease. Salicylate of soda is one of those remedies so constantly used with success that any departure from its ordinary action on the animal economy is noteworthy. The following case is on that account interesting and, I believe, unique in character.

Miss B——, aged twenty-six years, had been for some time suffering from an intractable form of eczema, localised chiefly on the vulva and pubes. She went out on a cold day, and in the evening complained of muscular rheumatism in the arms and legs. The following day salicylate of soda in fifteen-grain doses was prescribed with bicarbonate of potash and hyoscyamus. She took the remedies for three days, and obtained much relief, when they were discontinued. A week afterwards she had a return of the rheumatism, and again the salicylate was advised. The same chemist dispensed the medicine, and on inquiring I found from the same stock of the drug. I was sent for in the evening, after two or three doses had been taken, and found her in a state of great distress. She was covered with an intense erythematous rash, with tingling sensation over the whole body; the eyelids, hands, face, and legs were swollen; a sense of weariness and depression, and a highly nervous dread; the breathing was shallow and hurried, and severe headache, as though the head would "burst." Pulse 120, fluttering and feeble; temperature 107°, and urgent thirst. At first I considered this alarming condition was due to some improper or poisonous food; but on inquiring as to the diet, this opinion proved erroneous. The salicylate was discontinued, to be replaced by other remedies to relieve the urgent symptoms. In forty-eight hours the rash disappeared, the pulse and temperature resumed their normal condition, and all seemed well. A few days after the rheumatic pains again developed themselves, and again the salicylate was prescribed. After two doses a similar train of symptoms set in, and the evidence pointing so forcibly—indeed, unmistakably—to that drug being the cause of the peculiar symptoms, it was not again administered, and from that time the patient was free. The high temperature was a singular feature of the case. I have not read of any such poisonous action of the salicylates; and up to this case I have relied without any fear of ill effects upon their efficiency and remedial power in cases of acute rheumatism. It is curious that the drug from the same stock, from the same prescription, and dispensed by the same chemist, should have shown its toxic influence on the two last occasions, and not on the first. Certainly I could not discover any altered constitutional conditions to account for the peculiar manifestation. Had there been any heart affection the deleterious action of the drug, I am convinced, would have produced heart failure, and death.

Southport.

A CASE OF LARGE MUCOUS POLYPUS GROWING FROM THE LARYNGEAL PORTION OF THE PHARYNX.

BY JOHN LOWE, L.R.C.S.I.,
FORMERLY SURGEON TO THE WORKINGTON INFIRMARY.

MRS. B—— consulted my partner, Dr. Highet of Workington, during the summer of 1884. She complained then of dysphagia and the ordinary sensations of indigestion, for which he prescribed. He did not see her again until early in April, 1885, when she complained of decided choking sensations. Dr. Highet asked me to see the case with him. I examined her throat with the aid of a spatula only, but could see nothing to account for the symptoms of which she at times complained. On grasping the throat, compressing the hyoid bone and looking into the pharynx, a large portion of a good-sized tumour was clearly visible. I even caught it with my fingers without difficulty, when it appeared to have the consistence of the tongue itself. I was doubtful whether it was prolapsed pharyngeal mucous membrane or a distinct tumour; I, however, demonstrated the tumour and its pedunculated attachment by means of the laryngoscope. Neither I nor Dr. Highet had any doubt of the existence of a large tumour. Mrs. B—— being anxious to have it removed in the Carlisle Infirmary, I sent her thither with a note of her case. I received a letter from Mr. Lediard, in reply, stating that the hospital surgeons could not find any evidence of a tumour, but that there was a relaxed condition of the mucous membrane. As the tumour might possibly have evaded detection, I sent the patient back to Carlisle after a few days, but with a similar result. She died suddenly a few days after her return from Carlisle. I did not see her in the meantime. I opened her throat within half an hour of death, in the presence of Dr. Highet, above the hyoid bone, and found a tongue-like tumour plugging the superior aperture of the larynx. On drawing the tumour through the artificial opening, it looked so like the tongue itself that I examined the mouth to see if the tongue were *in situ*. I then cut off the tumour with a portion of the left great cornu of the hyoid bone attached. The dimensions of the tumour on removal were: length, 3 in.; greatest width, 1¾ in.; weight, 1½ oz. When placed flat on a table it looked exactly like a miniature tongue.

I sent the specimen to Dr. Coats, who reported as follows:—"The preparation you sent is certainly a very interesting one. It is a large mucous polypus, consisting of loose connective tissue covered by mucous membrane. It certainly resembles the tongue very closely. It will be preserved in the museum here, although probably too late for the catalogue which is being printed." As I had written about the case to Mr. Lennox Browne, and he expressed a wish to see the tumour, the following is what he very kindly wrote after examining it: "I fear that you will think that I have quite forgotten you and your interesting specimen. The delay has been

occasioned by my having submitted it to some of my colleagues. We are all agreed that it is one of great rarity, and in our experience (both professional and literary) unique. I do not think we can add anything to the very excellent report of Dr. Coats." There cannot be much doubt that this case was an exceedingly curious one; and I cannot help thinking that some deaths which have been attributed to heart disease &c. may have been caused by such a tumour as I have described. It is most unlikely to have been the first of its kind, although it may be unique in surgical literature. It should be borne in mind that not only the woman's life was lost in the case related, but the child, of which she was nearly six months pregnant, also succumbed. I thought at the time, and I still think, that the tumour might have been successfully removed.

Brighton.

TINCTURE OF CAPSICUM AS A COUNTER-IRRITANT.

BY HENRY J. BUCK, L.R.C.P. EDIN.

IN THE LANCET of May 17th I notice Sir James Sawyer draws attention to the fact that he is finding excellent results in practice by the use of capsicum as a counter-irritant. I have used this drug for more than twenty years—I may almost say daily,—and many of my patients will not travel without a bottle of the "magic lotion," as they call it. I find the simplest and most efficacious way of applying it is to soak a large handful of the crushed pods in half a pint of hot water for an hour, then strain, and bottle for use. A teaspoonful of eau-de-Cologne added will help to keep the solution, or it can be well boiled after preparing. I then have it applied to the affected parts on a piece of linen folded three or four times, or on lint, and covered with gutta-percha tissue or a dry flannel. In this way the lotion may be kept on for hours without vesicating, and in many cases the skin is hardly reddened. The stinging and burning sensation produced by the capsicum lotion are, after a few minutes, welcomed by the sufferer, so magically does it often remove the rheumatic or neuralgic pain for which it is being applied. In acute torticollis a cure is often speedily obtained by covering the side affected with the application. In any form of neuralgia, rheumatism, subacute gout, pleurodynia, and such like, it will be found most useful, and may be reapplied over and over again during the day and night without any fear of vesication. A paper of mine on the subject, which I read before the East Anglian Branch of the British Medical Association some fifteen years ago, was published in their journal, and, singularly, I was preparing an article on the subject for your pages when I noticed the clinical note by Sir James Sawyer. Ringer specially notices this use of capsicum in each edition of his "Therapeutics." I first heard of this remedy from a well-known "quack" in the west of England, who went by the name of "the professor," and who was making a great sensation by his marvellous "cures." A more concentrated solution of capsicum can be made, which I direct my patients to paint on the affected parts with a brush as often as they please. This will be found useful in toothache, or for applying on the face or behind the ears. In relaxed sore-throats instant relief is often obtained by painting the uvula and pharynx. The patients should be recommended to wash their hands well after using, as, if they accidentally touch their eyes with the lotion, they will have a very unpleasant ten minutes.

Clapton-common, N E.

SARCOMA OF THE OVARY IN A CHILD.

BY EDWARD MALINS, M.D. EDIN.

L. T——, aged nine, was brought by her mother to the out-patient department of the General Hospital on April 19th, 1890. It was stated that she had been subject to an irregular discharge of blood by the vagina for the past five months, which was thought to be menstruation. There had been occasional abdominal pain; she had become thinner, her appetite had failed, and she was pale and weak. Examination showed a pale, thin, under-sized child, with a listless and anxious aspect. In the abdomen was found a smooth somewhat rounded mass, extending as high as the umbilicus, and shading into the pelvis below. It reached to within an inch of the left iliac crest, between which and its external border on that side there was resonance, and to within half an inch of the right iliac crest. It was firm, hard, and inelastic to the touch. Per rectum a large hard mass was felt, but the uterus could not be accurately defined. Her mother was disinclined to leave her in the hospital, but she was admitted a few days later. A hypodermic needle was then passed into the swelling at the upper border, and nearly a drachm of thin blood-like fluid withdrawn. Her temperature was 103·2°; pulse 120; tongue dry; abdomen tender, and evidently peritonitis present; the urine was of sp. gr. 1027, no albumen. From the history, character of the fluid withdrawn, and general condition of the patient, the swelling was thought to be hæmatocele. On the 24th the abdomen was opened by a median incision, about eight ounces of red serous fluid escaped from the peritoneal cavity, and the tumour was exposed. It had a bluish-red appearance, a dense, hard feel, in appearance like a myoma. An aspirator needle was pushed into it, and it was found to be nearly solid. The incision was enlarged above the umbilicus, and the tumour, which was free anteriorly, turned out of the abdomen. Some omentum adherent at the posterior surface was tied in several pieces and cut off. The growth was attached by a pedicle two inches broad, and was found to be the right ovary enlarged. The pedicle was tied in two divisions and the tumour separated. The abdomen was washed out with warm water, a glass drainage-tube placed in the pelvis, and the wound closed. There was considerable shock. The temperature fell to 98°; the following morning it had risen to 103°, and the pulse was 120; in the evening it was 99·4°, and the pulse 150. She became sick and restless, the temperature again elevated, and the pulse quicker and more feeble. She died on the 27th at 1 A.M.

The pathologist, Dr. Ratcliff, reported as follows: "The tumour weighed 1 lb. 1 oz.; it was smooth-surfaced, and revealed numerous bulgings externally about the size of walnuts. Section showed these to be cysts filled with a bloody fluid. The substance of the tumour was sponge-like and filled with blood; the centre was solid. Microscopic examination revealed it to be cystic sarcoma. The omentum removed weighed two ounces; it was much congested, and of a dark-red colour."

The difficulty of diagnosis in so young a child was a prominent feature in the case; doubtless one of the cysts had ruptured, giving rise to effusion and peritonitis. The removal gave the only hope of recovery, but the chance was not a promising one in the face of such a quick pulse and high temperature in an already feeble child. The presence of such a disease of the ovary is very rare at this age, and is not common in later life. I have only met with one other instance of sarcoma of the ovary in a case I reported in THE LANCET in 1881; the patient was thirty-four years old, and there has been no recurrence.

Birmingham.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ROYAL FREE HOSPITAL.

ACUTE RHEUMATISM ASSOCIATED WITH PNEUMONIA AND HYPERPYREXIA; BATHS; RECOVERY.

(Under the care of Dr. SAINSBURY.)

FOR the notes of this case we are indebted to the house-physician, Mr. Arthur Gale, to whose watchfulness and energy in initiating and carrying on the treatment we understand that the successful issue was chiefly due. Cases of hyperpyrexia illustrate almost better than any others the value of hospital treatment; and even of this they at times severely tax the resources. It is not too much to say that outside the houses of the well-to-do they can only be treated in the ward. Dr. Sainsbury's remarks upon the case will be found at the end of the notes.

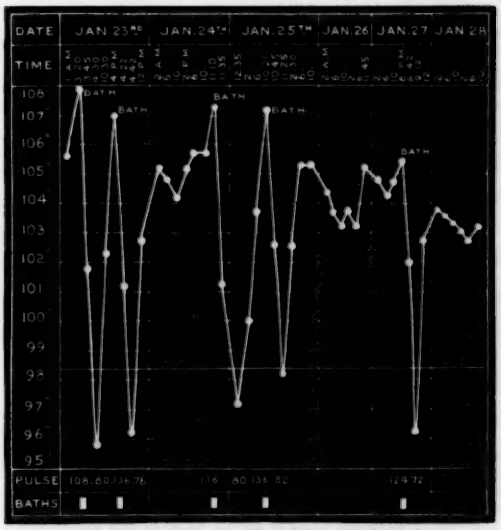
H. S——, aged forty-two, a coal porter, was admitted into this hospital on Jan. 22nd, 1890, with acute rheumatism. He had had "chronic rheumatism" for some years, but had never been laid up with it. Had always been temperate in his habits. On Jan. 13th he had pains in the knees. The next day he had pains all over him, was feverish, sweated freely, and took to his bed. On the 15th a rash appeared on the chest and body, and he had great pain, being unable to sleep. On the 22nd he became delirious and uncontrollable; he had a severe cough, and was sent to the Royal Free Hospital. No salicylate of soda had been given before admission. On admission the patient was tremulous and semi-conscious, but without pain. Skin quite dry, but covered with copious miliaria scattered over the chest and abdomen. The tongue was furred and tremulous; there were sordes on the lips. Temperature 105·4° F.; respiration 46; pulse 128, full, soft, and regular. Lungs: impaired note at the right base up to the angle of the scapula, increased vocal resonance, and a few fine râles. Expectoration scanty, tinged with blood. Heart: apex beat not well defined; area of dulness normal; sounds normal but muffled, and obscured by noisy breathing. The right knee-joint was swollen and hot, with considerable effusion into the joint. Urine acid; specific gravity 1018; a trace of albumen and many large uric-acid crystals. He was put on a purely milk diet, and thirty grains of salicylate of soda were prescribed every two hours.

On Jan. 23rd, four hours after admission (3.20 A.M.), his temperature was 108° (in the rectum). He was delirious and very tremulous, the skin quite dry, and he moved his limbs without pain. Half an ounce of brandy was administered, and he was put into a bath at 90° for twenty minutes, the bath being cooled gradually to 58°, during which he had an ounce of brandy. When taken out of the bath his temperature was 101·8°, his pulse good, and there was no cyanosis. After the bath he was quite sensible, and complained of pain in the right knee, and was without tremors. Half an hour after the bath his temperature was 95·6°. Half an ounce of brandy was given, and hot bottles applied to the extremities. At 4 P.M. the temperature was 107°; pulse 136; no pain; very tremulous and delirious. Given half an ounce of brandy and a bath again (90° cooled to 60°) for twenty-two minutes. He became sensible in the bath; the tremors ceased, and the pulse was good throughout. His temperature was 101·2° when he was taken out of the bath; he was removed to bed, and given half an ounce of brandy. Twenty minutes later the temperature was 96·2°, and his extremities cold; he was shivering, and his pulse was 76; another half ounce of brandy was administered, and hot bottles applied. At 8.40 P.M. the temperature was 101·6°; he was delirious, struggling and shouting. An ice-bag was applied to the head, the medicine given every three hours, and two minims of the hypodermic solution of morphia, after which there was less struggling.

24th.—12.15 A.M.: Three minims of the hypodermic solution of morphia and thirty grains of sulphonal were given, after which he became much quieter, but could not sleep. Temperature 105·2°. 8.40 A.M.: Temperature 105·4°; sponging; temperature fell to 103·8°. He is now dull and wandering; skin moist; tremors; sordes on lips; tongue dirty brown, dry and tremulous; no sign of peri- or endocarditis; lungs the same. Two eggs were added to the diet, and eight ounces of brandy given every twenty-four hours. 11 P.M.: Temperature 107·4°; pulse 136; is quiet; no pain. He was put into a bath for twenty-five minutes (90° cooled to 65°); temperature 101·2° when taken out; forty minutes later temperature 97·6°; pulse 80.

25th.—10.21 A.M.: Temperature 107·2°; in the bath twenty-four minutes (90° cooled to 65°); was taken out when his temperature was 102·6°, and it fell to 98·2° in forty minutes; is quiet and semi-comatose. 5 P.M.: Temperature 105·6°; tepid sponging, but no effect. As he was rambling and struggling violently, he was given thirty grains of sulphonal, and an hour later a morphia injection, after which he obtained three hours' sleep. He continued delirious till Jan. 27th at 6 P.M., when his temperature was 105·4°, when he was bathed for the fifth time for twenty-two minutes. Bath 90° (cooled to 65°). An ounce of brandy was given during the bath and two ounces afterwards. The temperature was 102° when he was taken out of the bath, and thirty-five minutes later it fell to 96·2°; hot bottles were applied to the extremities. Essence of beef and strong beef tea added to the diet.

28th.—Delirious, trying to get up, and had to be tied down in bed; he had had only one hour's sleep in the last twenty-four hours. Great tremor of hands. Dulness at the base of the right lung as before; very numerous crepitations; breath sounds weaker. Given four grains of carbonate of ammonia and twenty minims of tincture of digitalis every three hours. Passes urine into bed.



The Hyperpyrexia Chart. The section of it giving the bath treatment.

29th.—Only four hours' sleep during the night. Is very irritable, and refuses food and medicine. Has hallucinations. Breathes with closed mouth for the first time.

30th.—Passed a bad night. Thirty grains of sulphonal were given without effect. Tremors more marked; muttering delirium. The carbonate of ammonia was discontinued, and ten ounces of brandy given in the twenty-four hours.

31st.—Temperature until to-day has varied between 103° and 104°. Takes food well, is more rational, and complains of pain when the elbows are moved.

Feb. 1st.—He was delirious during the night, and passes urine into bed. Has pain in the hips and the shoulders; no sleep; muttering delirium. Forty grains of sulphonal given.

2nd.—Would not take his food, so was fed by means of the nasal tube.

3rd.—More rational and less tremulous. Complains of pain in the hips and the shoulders. No change in the condition of the lungs. Heart normal. Four grains of carbonate of ammonia given every three hours, and the salicylate of soda discontinued.

4th.—Quite rational for the first time. Is extremely weak. Temperature 103°; he has been sponged occasionally since Jan. 31st, his temperature being reduced 1° each time; it has never been allowed to rise above 104·8°. Skin moist; tongue much cleaner. Both ankles are swollen and there is fluid in the left wrist-joint. Digitalis discontinued. Twenty grains of salicylate of soda every two hours. At 10 P.M. profuse sweating and great pain in joints on movement.

5th.—Taking food badly, and was again fed through the nose. Profuse sweating.

6th.—Still fed by the nasal tube. The joints are less swollen and painful. Temperature 101·4°. Sleep was only obtained after seventy grains of sulphonal, in two doses.

7th.—Swelling of joints less; cough and expectoration slight. He remained in much the same condition until the 9th, when the salicylate was given every three hours. There was much delirium and restlessness.

10th.—Swelling of joints quite subsided. Tongue falls back and impedes breathing; the breathing was improved by propping the patient up and turning him on to one side.

11th.—A fresh crop of sudamina. Less dulness of right base. Friction in left eighth space. Linseed poultices applied. The quantity of brandy decreased to six ounces.

12th.—Ice-cap left off. Custard pudding added to the diet. Pain and friction on the right side.

14th.—No friction.

16th.—The temperature had gradually fallen since the 6th, and is normal to-day for the first time; after this it did not exceed the normal. He is extremely weak, lies on his back, and cannot move any part excepting his arms, and these only by a very great effort. He has become very thin, and his face has an anxious, drawn expression. He takes food well. The amount of brandy was gradually reduced and the diet improved. The bowels were kept open by enemata consisting of two drachms of glycerine. The albuminuria had disappeared on the 21st, and the pains ceased about the same time. The condition of the lungs gradually improved, and the salicylate of soda was stopped on the 25th, when four ounces of port wine were substituted for the brandy and tonics given.

March 6th.—The patient sits up in bed, and his strength has improved. He is putting on flesh.

8th.—Looks very anæmic. Corpuscles are normal in number, but the hæmoglobin is only 54 per cent. Two grains of sulphate of iron in a mixture three times a day.

11th.—Got up, but was unable to stand.

22nd.—Much stouter, weighs 8st. 12lb., being 2st. less than before the illness.

The anæmia rapidly disappeared, and when he left the hospital on April 9th to go to a convalescent home, the hæmoglobin had increased to 75 per cent. (Gowers' hæmacytometer and hæmoglobinometer were used in these estimations.) His weight was 9st. 11½lb. On May 2nd he returned from the convalescent home, and weighed 10st. 7lb

Remarks by Dr. SAINSBURY.—Though the patient had been subject to chronic rheumatism, there was no history of a previous acute attack, so that the case should probably be included as one of hyperpyrexia during a first attack of rheumatic fever. The pneumonia present (a frequent complication of hyperpyrexia) appeared to be of the hypostatic or passive congestive kind, as evidenced by the rather indefinite signs of an impaired note and a weakened breath sound, accompanied by subcrepitant râles, but against this interpretation was its early appearance (the patient came in with it) and the fact that the vascular system was the one system which constituted the *pièce de résistance*, and did not show signs of giving way. To this I would draw special attention—viz., that whilst the nervous system reacted in the early stages by delirium to the high temperature, and that later, when the temperature had become more moderate, the delirium still persisted, having then assumed the muttering type, and being associated with marked tremor of the hands, the pulse throughout was never unduly accelerated. In the early stage it was most striking how the pulse curve followed the temperature curve; the chart shows this. It was not less striking how, during the third week, in presence of the asthenic delirium, and with a temperature ranging between 103° and 104°, it averaged 108°. At the end of the third week and during the early part of the fourth the highest pulse-rate was 128, and during this period the pains in the joints were marked—the average even now was under 120. During the greater part of the fourth week, with the disappearance of the joint pain and the gradual fall of the temperature, the pulse became quite moderate, averaging about 100. Though the case on several occasions appeared desperate, a favourable prognosis was still suggested by the cardiac strength. The strength of the whole organism proved in this case to be the strength not of its weakest part, but of its strongest. Of what nature was the lung complication? On the theory that it was probably hypostatic, digitalis was given, and in large dose. It was begun on the sixteenth day of the disease, twenty minims being ordered every three hours; this was continued a week, though the interval was made every six hours on the seventh day. The drug did not appear to influence the pneumonia, nor did it seem to affect the pulse or to lessen the delirium. It certainly did not harm the patient, and this tolerance is of considerable interest. The negative influence of digitalis suggests further that the pneumonia was not hypostatic, not due to lessened tone. The temperature curve did not seem to be modified by salicylate (twenty grains every three hours); the pains made their appearance during its administration, though they subsequently began to subside on pushing the drug (twenty grains every two hours). During the first twenty-four hours the dose was thirty grains every two hours.

THE GOVERNMENT CIVIL HOSPITAL, HONG-KONG.

A CASE OF ABSCESS OF THE LIVER, WITH COMPLICATIONS; RECOVERY; REMARKS.[1]

(Under the care of Mr. J. MITFORD ATKINSON and Mr. JAMES A. LOWSON.)

THE case is of a kind which is very seldom reported in medical works, chiefly because of the rarity with which liver abscesses burst while the patient is in hospital and under constant observation. The patient, J. F——, a Portuguese, aged twenty-two years, who had lived all his life in the East, was admitted to the Government Civil Hospital on Dec. 19th, 1889. When seen in the evening he was suffering from severe erysipelas of the face and scalp, the right side being most affected. His temperature was 103·5°, pulse 100, and respiration 36. He was unable to give any history of his state at this time owing to his low condition. He was ordered six teaspoonfuls of castor oil at once, and fifteen minims of tincture of the perchloride of iron and chloroform water with a half drachm of glycerine every four hours. Lead and opium lotion was applied locally with a lint and protective mask, and he was fed on milk, soda water, ice, arrowroot, and brandy.

Afterwards the following history was obtained from him. His family history was good. Patient had always been temperate. His health, barring one or two slight attacks of intermittent fever, was good till two years ago, when he contracted syphilis. Shortly afterwards he went to Tonquin, and while there had a large abscess of the left arm, which was opened not far from the shoulder-joint. Fifteen months ago, while still in Tonquin, he had an attack of typhoid fever, which must have been severe, as he had considerable hæmorrhage from the bowel during the third week, and was in bed for six weeks altogether. He came to Hong-Kong again in February, 1889, and shortly afterwards was treated for intermittent fever and "some kind of rheumatism." In the month of May following he got dysentery. After a short illness he again became well, and remained fairly healthy till Dec. 9th last. At this time he had a slight attack of intermittent fever, and his face began to swell and get red. He had occasional rigors a few days later until the time he came into hospital. This condition gradually got worse, with cough and difficulty of breathing and pains "over most of the body," but chiefly over the right shoulder and in the right side. On Dec. 17th he saw Dr. Hartigan, who advised his removal to hospital.

On the morning of Dec. 20th he was carefully examined. Then he complained chiefly of the coughing, difficulty of breathing, and pain in the breast and between the shoulders and over the right shoulder. Deep inspiration gave great pain in the right side of the chest. On physical examination the liver dulness was considerably enlarged in the right nipple line, reaching from almost half an inch above the nipple to two inches and a half below the free border of the ribs. In the middle line the dulness extended to within an inch and a half of the umbilicus. Posteriorly, the dulness was increased superiorly to the upper border of the eighth rib. Vocal resonance and fremitus were completely absent half an inch below the level of the nipple and below the ninth rib posteriorly. Just at the commencement of the dulness anteriorly and beside the nipple the breath sounds were feeble, the inspiratory sound being distinctly wavy or jerky in character, which, according to some authorities, is probably due to pleuritic adhesions in the neighbourhood not allowing proper expansion of the lung. There were no moist sounds to be heard. The heart sounds were well conducted over to the right side past the nipple. There was some tenderness anteriorly in the right half of the epigastric and right infra-mammary regions. His breath was very offensive. His stools, which had been light coloured for four or five days before admission, on examination were almost white. Urine, of sp. gr. 1032, contained urates and bile salts in considerable quantity; no albumen. The head and face were in much the same condition as on the previous evening, the skin being quite brawny in parts. Dr. Atkinson agreed that he was probably suffering from an abscess of the liver, and the possibility of successful surgical inter-

[1] Abstract of a paper read before the Hong-Kong Medical Society by Mr. Lowson, on Feb. 8th, 1890.

ference was discussed. It was decided to wait, as his low state and the presence of the erysipelas especially made it undesirable to make a wound in the proximity of the liver. The former treatment was continued, and his chest and upper part of abdomen swathed in cotton wool and flannel bandage. The same evening his temperature went up to 106·6°, his pulse being 108 and respiration 31. He was ordered fifteen grains of antipyrin every hour till the temperature fell, and to have brandy frequently in small doses. He had four doses of antipyrin, his temperature falling to 102° in the early morning.

Dec. 21st.—At 6 A.M. the temperature was 100·5°, and kept there during the forenoon and part of the afternoon, during which time he had five grains of quinine every hour. Operative measures were out of the question, the patient's condition being very low. At 8 P.M. he vomited some milk and chicken broth that he had taken shortly before, and for the next hour coughed almost incessantly. Temperature 104·5°; pulse 150, very feeble; respiration 44. At 9 P.M. he had another severe attack of coughing, with urgent dyspnœa, and brought up with a rush about six ounces of pus, stained with a small quantity of blood. After this he felt some relief. He had a jacket poultice of linseed meal placed over the right side of his chest and back. At this time bubbling râles could be heard all round the base of the right lung. Puerile breathing was well marked all over the left lung. As the temperature still kept up, he was ordered eight grains of antipyrin every hour, with brandy and other nourishment as before.

22nd.—In the morning the temperature had fallen to 99°; respiration 32; pulse 113. Bowels were opened twice through the night; motions almost white; no pus or blood. He was kept quiet all day and not examined, taking quinine as on the previous day. In the evening his temperature again rose to 105°. During the whole day the coughing, with expectoration of pus, came on at intervals, but no blood with it to-day. Pulse 132 and respiration 44 at 9 P.M. Antipyrin again ordered, eight grains every hour.

23rd.—At 6 A.M. the temperature was 102·6°, and at 10 A.M. it was 100·8°. At this time he expressed himself as feeling much easier. On examination the liver dulness was exactly at the level of the nipple, but the lower border of dulness had materially risen, to the extent of one inch in the median line and three-quarters of an inch in the nipple line. Vocal resonance and fremitus were completely absent half an inch below the right nipple, there being quite a sharp line of demarcation. There was a similar condition below the ninth rib behind, on the right side. Bubbling râles were heard all round the right base, with "jerky inspiration," there being two distinct pauses in the inspiratory sound. He had been expectorating freely most of the night, sleep being fitful; only five or ten minutes at a time. This morning he had a thymol inhalation, and during the day quinine as before. In the evening his temperature again rose to 104·8°. Respiration 40; pulse 108–112, very weak. Antipyrin again ordered as before.

24th.—In spite of the antipyrin his temperature kept up during the night, and this morning it was 103·5°. His breath was not so offensive or the expectoration so copious. He was ordered one minim of tincture of aconite (which had been found of great benefit at this hospital in many cases of malarial complications with high fever) every half hour. His temperature came down to 99·6° at 3 P.M., after which he again had quinine, five grains, every hour. The erysipelas was improving, the area of inflammation being less.

25th.—At 9 A.M. the temperature was 99·4°; respiration 34; pulse 108. At 9 P.M. the temperature was 101·2°; pulse 104; respiration 42. He expectorated pus most of the day. Beef-tea, milk, and egg-flip formed most of his nourishment, which he now took freely. He said he was much better, and gave us more news of his illness.

26th.—His bowels have been opened regularly during the last few days, sometimes once, sometimes twice; stools always white. The erysipelas still decreasing in area.

27th.—The liver dulness now much diminished below, but still at the lower border of the fourth rib above. Moist sounds were still heard round the base of the right lung.

From this time improvement was maintained. The temperature never rose above 99·5°, the pulse averaging 77, and respiration 25, till he went out of hospital. The expectoration got gradually less and finally practically stopped.

29th.—The base of the right lung posteriorly cleared up. The stools still white, and the breath somewhat offensive.

31st.—The erysipelas almost gone; the liver dulness decreased to four inches and a half anteriorly in the nipple line; the stools slightly yellower.

Jan. 10th.—For the last four days he has been taking a pill of one grain of euonymin, half a grain of ipecacuanha, and one grain of colocynth and hyoscyamus pill at night, with the result that his stools are now almost natural in colour, and the urine is quite clear and free from urates and bile salts. The liver dulness now commences at the upper border of the fifth rib, and extends for four inches and a quarter in the nipple line, in the median line the dulness not reaching midway between the episternum and umbilicus. No abnormal sounds in the lungs can be heard, and expansion on deep inspiration is equal on both sides.

Remarks by Mr. LOWSON.—I may add that he has again come into hospital with tertiary syphilitic symptoms, and his condition as regards physical signs and symptoms of liver and lungs is what is described as "normal" in text-books. The diagnosis of the abdominal trouble was a tropical abscess of the liver, situated probably in the right lobe, near the convex surface, in an organ already much predisposed to abscess from previous malaria, dysentery, and possibly syphilis. Very few cases of liver abscesses which rupture are diagnosed nowadays before the rupture—most being diagnosed after the rupture or at the necropsy—the improved surgical treatment of these cases almost demanding operation in every case. One hears of large numbers of these abscesses bursting into other organs and getting cured spontaneously in that way, but I am afraid the majority end in quite the reverse manner; in fact, in looking over the medical records—with the exception of a number of cases mentioned by Sir Joseph Fayrer—most of the not-operated-on cases recorded by the different writers have died. I noticed, by the way, that Mr. Vaughan Harley, in a recent paper before the British Medical Association, never mentions dysentery as a cause of abscess of the liver. I am led to believe that at least 90 per cent. of abscesses in this part of the East result from dysentery. There is no doubt that on the whole the most favourable ending of a liver abscess is for it to burst through the wall of the abdomen just below the ribs in the right nipple line. How often does this occur? Very seldom. Most frequently other ways or channels are chosen, and of these by the bronchi is, from the limited experience I have on the matter, I think the safest. Abscesses of the lower part of the liver generally burst by the lower surface, and the dangers of peritonitis or hæmorrhage from large vessels is very great. Very few indeed can be discharged by the bowel with no further complication than a slight and localised peritonitis.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY

Senile Hypertrophy and Senile Atrophy of the Skull.—The Cure of Leprosy.

AN ordinary meeting of this Society was held on May 27th, the President, Mr. Timothy Holmes, in the chair.

A paper on Senile Hypertrophy and Senile Atrophy of the Skull was communicated by Professor Humphry of Cambridge. Attention was directed to two changes of opposite nature, not uncommon in the skulls of elderly persons, both of which were peculiar to this part of the skeleton, and both of which were rather difficult of explanation. One consisted of an increase of thickness and an increase of density, and therefore an increase of weight, which seemed to be attributable to a shrinking of the brain with consequent lessening of pressure and increase of congestion of the vessels of the skull which were supplied from the interior, this congestion leading to bone deposition on the inside and condensation of the diploe, and affording a remarkable contrast to the rarefaction and lightening of the bones in other parts of the same subjects. The other change consisted in atrophy from without, contrasting with the atrophy in other bones which proceeded in the main from within. The skull became smaller and lighter, the outer table of the vault approaching the inner, and the skull-wall being consequently reduced in thickness. This change might take place uniformly, or it might proceed in some parts more than in others. The most common parts for the extreme thinning were the parietal bones on the sides of

the sagittal suture, midway between it and the tubera, causing the remarkable symmetrical depressions of which many specimens existed. The case was given of a woman, aged ninety, in whom death was caused by fractures (from a fall), taking place through these depressions. Instances were mentioned in which the two changes, the thickening from within and the condensation, on the one hand, and the thinning from without with the parietal depressions, on the other, were coincident. In default of other good cause for the formation of the parietal depressions, the effect of the pressure of the occipito-frontalis tendon was suggested for consideration.—Mr. F. S. EVE was glad that Professor Humphry had given the stamp of his authority to the view that senile atrophy could occur in a skull, a view that for some time had been advocated by continental observers, but the lesion had been regarded here as of congenital causation. He referred to some specimens which he had produced before the Pathological Society during the past session, and which he ventured to regard as due to senility. The author had stated that he had never seen atrophy accompanied by incurvation of the bone, but there was one skull showing this in the museum of the Royal College of Surgeons. It was situated in the region between the parietal eminence and the sagittal suture, and showed an external depression corresponding with it, suggesting the idea of cerebral atrophy with consecutive falling-in of the bony covering. Though the surface of the depressions was said generally to be smooth, there was one old Egyptian skull in the Hunterian Museum which showed a depression covered over with vascular foramina, and he held that this was an indication that the atrophy was preceded by osteoporosis, as had already been pointed out. Broca had shown that the point which usually showed this lesion was the last to ossify; in one of the skulls in the College Museum the depression lay exactly opposite to the parietal eminence. In some cases with an alcoholic history the change might be one akin to and associated with arterio-capillary fibrosis.—Dr. HEYWOOD SMITH asked if any difference had been found in the different sexes, and whether the question of previous pregnancy had been considered. Thickening of the skull and facial bones had been observed in multipara, both among human beings and animals.—Professor HUMPHRY, in reply, said that the affection was as common in men as in women. It was uncommon to see the depressed surface porous. He had never witnessed incurvation of the inner surface of the bone, though something simulating it might happen if an external thinning and internal osteo-porosis were going on together. He did not agree that ossification commonly took place late at the spot where these depressions occurred.

Dr. ROBERT H. BAKEWELL, late physician to the Leper Asylum, Trinidad, sent a paper on the Cure of Leprosy, which was read by the medical secretary. The author gave a short sketch of the clinical and anatomical features of leprosy, in which he noted that the extensive lesions of the skin led finally to implication of the kidneys. Treatment, therefore, could only be successful if it were commenced in the early stages, and Dr. Beauperthuy's rule was not to treat a case at all when the mouth had become involved. The author had chiefly followed out the treatment of this physician. He reported upon his method to Parliament, and his report was published in a Blue-book now in the Society's library. The method comprised three parts:—1. Hygienic or dietetic, including removal to a healthy locality, good diet, cleanliness, separation from other lepers, and protection from infection by mosquitoes. 2. The use of external applications, especially the oil of cashew nut (*Anacardium occidentale*), generally, of nitrate of silver to anæsthetic parts, and of liniments to other parts. 3. Internal medication by small doses of alkaline salts. Beauperthuy used mercuric chloride, which the author had not found of value. Most reliance was placed upon the external treatment. The oil of cashew nut produced sufficient irritation to cause slight oozing, which went on for a day or two, and then dried and left a scab. When this fell off the tubercle was diminished in size. The process was repeated two or three times. In more chronic cases with much anæsthesia a mixed solution of nitrate of silver and copper gave the best results. Care must be taken not to apply the oil over too large a surface—e.g., never more than six inches square. The author urged that treatment, both medical and hygienic, should be vigorously carried out in the early stage.—Mr. MACNAMARA could not agree with the author's conclusions. He referred to the case of the son of an officer, who at the age of ten developed symptoms of leprosy, and in whom, notwithstanding the most skilled treatment and the best hygienic surroundings, the disease continued to advance. He had never seen a case which he could regard as being even relieved by treatment. In many the disease varied from time to time, occasionally advancing rapidly, at other times becoming quiescent, and a drug that appeared to do good in one case utterly failed in another.—Dr. THIN had seen a case in which disappearance of patches of anæsthesia followed the vigorous use of external irritants. During the last ten years several series of cases had been reported as cured, but not much importance could be attached to them. But Mr. Hutchinson had shown a case as cured which was twenty years previously the subject of well-developed tubercular leprosy.—Dr. ABRAHAMS agreed as to the advisability of attempting to cure at an early stage of the disease, but it was then often most difficult to recognise. In Trinidad leprosy had increased of late, and the cashew nut oil treatment was not new to the West Indies, it having been used as an escharotic or vesicant for a long time, and it had also been applied to the tubercles of leprosy. The general educated opinion at the present time was that leprosy was not curable, but there were records of cases in which the progress of the disease had been stopped. Unna by his resolvent treatment believed he had done good, and there was a report from Jamaica of a case cured by the use of gurjun and chaulmoogra oils; the patients preferred usually the latter oil to anything else. Some very extraordinary nostrums had also been recommended for treatment, such as the taking of dried lizards and the use of blue electricity.

PATHOLOGICAL SOCIETY OF LONDON.

Granular Kidney in Young Persons.—Tuberculosis with Aspergillus.—Softening of Left Cuneus.—Calcifying Sarcoma of Breast.—Simple Necrosis of Vertebræ.—Polypi of Large Intestine.—Fibro-chondroma of Tongue.

THE following is the conclusion of the report of the meeting on May 20th:—

Dr. HANDFORD showed the kidneys and microscopic sections from a case of Post-scarlatinal Cirrhosis of the Kidneys (small white), in a girl aged twelve. The patient had measles at two years and a half old, and scarlatina followed by dropsy at three. After recovering from the dropsy she remained in average health till last winter, when slight œdema of the face and extremities was noticed, and she suffered from headache, vomiting, and frequent epileptiform (uræmic?) fits; but the latter had ceased for two months before the present exacerbation of illness, which began eleven days before admission. There was general slight œdema, earthy pallor, drowsiness, pulmonary œdema, dry pericarditis, extensive albuminuric retinitis of old date, but without much affection of vision, and troublesome diarrhœa. The urine was scanty, of specific gravity 1012, and contained ·35 per cent. of albumen. No hyaline or fatty casts could be found, but there was abundant renal epithelium and epithelial casts. She died on the sixth day after coming into the hospital. At the necropsy the heart weighed ten ounces, and the left ventricle was greatly hypertrophied. The right kidney weighed 2 oz., and measured $3\frac{1}{4}$ in. × $1\frac{3}{4}$ × 1, and the left weighed $\frac{1}{2}$ oz. and measured 2 in. × $1\frac{1}{4}$ × $\frac{3}{4}$. The capsules were adherent, and were torn off with difficulty, leaving a rough pale surface. On section the surface was pale, smooth, glistening, and leathery, and no distinction could be observed between medulla and cortex. The pyramids could not be distinguished. Microscopic sections showed a diffuse nephritis, part of which was quite recent, and was most plainly indicated by an abundant infiltration of leucocytes; but much was of far older date, and was indicated by fibrous tissue, which had compressed the tubules and glomeruli, and reduced wide areas to little more than the condition of a cicatrix. The capsules of the glomeruli were thickened, but not greatly, and the glomeruli were generally the parts least affected. In the cicatricial areas the tubuli were compressed and atrophied. The muscular coat of the arteries was much thickened. The abundance of the cellular infiltration made it probable that the disease

had not progressed uniformly for the past nine years, but that a subacute interstitial nephritis had recently supervened upon disease of old standing. In addition to these scarlatinal cases it was probable that some of the "granular kidneys" in the young, or in those below middle life, were examples of "chronic indurative nephritis" originating in the diffuse nephritis of enteric fever. Dr. Handford suggested that other cases of nephritis in the young appeared to have originated in a bacterial infection, shown by bacteruria, apart from the acute specific diseases.

Dr. HALE WHITE brought forward the case of a boy whose exact age was doubtful, but he was probably aged about ten. He was admitted for uræmia, he had albuminuria, and the apex of the heart was outside the nipple. After death it was found that the kidneys only weighed two ounces and a half, and that they were in all respects typically granular. The heart was much hypertrophied for a boy of his age, as it weighed ten ounces. The author mentioned another case of a man aged thirty, who died with uræmia, and in whom the kidneys, which weighed six ounces, were typically granular; the heart was also hypertrophied.—Dr. DICKINSON thought that granular kidney occurred in young people much more frequently than was supposed. One of the most typical cases he had ever seen occurred in a child of fourteen.—Dr. WEST had reported a case in a patient aged seventeen in whom there were also typical cardiac and retinal changes.—Dr. CROOKE had seen a boy nine years of age who was attacked with scarlatina and died sixty-eight days later of uræmia, with pulmonary œdema and retinitis; the kidneys were markedly granular. He asked as to the condition of the arteries in the cases related; in the "small white" variety he had not found arterial change.—Drs. HANDFORD and HALE WHITE replied that the arteries in both cases were thickened.

Dr. WHEATON related a case, primarily of tubercle, in which a fungus (aspergillus niger) grew in the bronchi and lung, simulating Actinomycosis. The patient, aged two years and a half, when admitted presented signs of consolidation at the base of the right lung in front. Eight days later signs of breaking down appeared at the base of the right lung posteriorly. Eleven days after admission a white patch appeared on the base of the tongue; the temperature, which before had not exceeded 102·4°, rose, until on the thirteenth day it attained 105·4°, and later 106·4°. The white patch gradually spread all over the tongue and hard and soft palate. The child died sixteen days after admission. Post mortem the lower three-quarters of the right lung were consolidated; the consolidated patches were bright yellow in colour, riddled with small cavities, and surrounded with numerous orange-coloured grains, which could be picked out with a knife. At the posterior part of the base of the lung was a cavity with irregular granular walls, which were black in colour; it communicated directly with the right bronchus. In the main bronchus were several white patches resembling those on the tongue. On examining a scraping from the tongue numerous rosette-like bodies were found, insoluble in alkalies and acids, also fragments of mycelium of a fungus. The patches in the bronchus consisted of the mycelium of a fungus which was undergoing fructification and throwing out typhæ, from the ends of which rosettes of spores were being produced. On staining by Gram's method the characteristic appearances of actinomycosis were absent; on careful search a few tubercles were found. The case was interesting from the close resemblance to actinomycosis both naked-eye and microscopically, also from the peculiar character of the tubercular lesions. Cultivations by Dr. Copeman had produced a similar fungus growing slowly in gelatine.

Dr. DELÉPINE brought forward a case of Hemianopsia with Softening of the Left Cuneus. He first thanked Dr. Dickinson for allowing him to bring forward the case, and for the clinical notes whilst under his care. The patient, whose age was fifty-six, was admitted into St. George's Hospital on Nov. 30th, 1889, with cardiac, renal, and nervous disorders. No history of gout, rheumatism, or syphilis was given, and the patient said that he had been a teetotaller for the last twenty-two years, but previously he had probably been a somewhat heavy drinker. On May 26th, 1889, he was suddenly seized with dimness of vision; he staggered, and had to support himself, but continued his duties of railway signal-man for thirty-four minutes, and walked home with support. He was laid up for six weeks, after which he returned to his work for a short time, but without being able to perform his duties satisfactorily. About three months before death, whilst pulling at a lever, he suddenly felt as if "something had gone with a snap in the back of his head," and had pain and dizziness. After being in bed for a fortnight, he went to St. George's Hospital as an out-patient, and was seen by Dr. Isambard Owen, who found that there was giddiness in the head, pain in the occipital region, and that part of the field of vision of the right eye was gone. The right hand was numb at times, and he was shortly afterwards admitted, when he was found to have cardiac hypertrophy with rapid irregular pulse. An apical systolic murmur was occasionally heard whilst the patient was in the hospital. The urine contained a considerable quantity of albumen, and there were a large number of hyaline casts. The lungs were œdematous, with partial consolidation of the bases, and shortly before death there was evidence of pulmonary apoplexy. The temperature almost throughout was subnormal, between 96° and 97° F. The nervous symptoms were most interesting. Eight months before death, as mentioned above, dimness of vision without any serious disturbance of motor power suddenly set in. Four months later he had a second attack with occipital pain, and a fortnight after this, giddiness and loss of part of the right field of vision—almost complete homonymous hemianopsia. Six weeks before death he had an attack of sleeplessness and restlessness, with noisiness and incoherence. With the exception of Cheyne-Stokes breathing, no further alteration of symptoms occurred, but the patient gradually sank. At the post-mortem examination the following changes were found. There were 55 oz. of fluid in the left pleura and some blood-stained serum in the pericardium; the lungs contained several small and one or two large infarcts. The heart weighed 26 oz., was greatly hypertrophied, and there were myomalacic changes in the walls of the ventricles and adherent ante-mortem clots. The aorta was dilated and atheromatous just above the valves and round the openings of the coronary arteries. The liver was large and slightly cirrhosed. The kidneys were granular and cystic, with very extensive arterio-sclerosis, and in each were several greatly distended vessels filled with ante-mortem clot. The brain was soft, with thickened membranes, and the vessels had undergone fibro-fatty and atheromatous changes from gradual obstruction of the vasa-vasorum. There were numerous circumscribed patches of softening in various parts of the brain. The most important areas affected were the greater part of the left cuneus, and the middle part of the inferior frontal and posterior orbital convolutions, and another at the bottom of the fissure of Rolando, opposite the posterior end of the superior frontal sulcus. The case showed the following points of interest: (1) The close analogy between softening of the brain, myomalacia cordis, arterio-sclerotic atrophy of the kidneys, and possibly also atheromatous degeneration of arteries; (2) the distinct connexion between the cuneus and vision. The left cuneus was almost entirely destroyed, with almost complete right homonymous hemianopsia.—Dr. GOODALL inquired as to the pupil reactions.—Dr. DELÉPINE replied that they both reacted to light, and that the right in addition was dilated.

Mr. BRUCE CLARKE showed a specimen of Calcifying Sarcoma of the Breast. It was removed from a woman aged forty-six, who had noticed a growth for three years, which had rapidly increased during the last few months. It was of the size of a small cocoanut, and involved the whole of the breast; it was believed to be of a fibrous or cartilaginous nature, and its calcareous nature could be detected by palpation before an incision was made. No enlarged glands could be felt in the axilla. At the operation the growth was found confined to the breast, and there was some difficulty in separating it from the subjacent pectoral muscle, the connexions having to be sawn through. The sawn surfaces were hard and gritty, like bone. The tumour was composed almost entirely of fibrous tissue, which was partly calcified. Only one similar case was on record in the thirty-third volume of the Transactions, in which the existing bibliography was recorded. The tumours in the recorded cases had been found liable to recurrence.

Dr. GRIFFITHS (Cambridge) gave an account of a case of Necrosis of a Portion of the Fifth Lumbar Vertebra, due to simple suppurative inflammation consequent upon injury. It was the case of a healthy young man, aged twenty-four years, who two years before admission into Addenbrooke's Hospital had suffered a severe strain of the back from the whole weight of a steel railway rail being suddenly thrown on his shoulders. Subsequen to this he suffered from

psoas and lumbar abscess, but no deformity of the spine. Severe and repeated hæmorrhages took place from the ulcerated left internal iliac artery, which was in the anterior wall of a pelvic abscess, and caused death. A small scale of necrosed bone was found in a small abscess cavity between the bodies of the fifth lumbar and first sacral vertebræ; this necrosed bone was derived from the upper of the two vertebræ, as the lower part of this only was excavated. The cancellous bone that bordered the abscess cavity in the two vertebræ was much condensed and sclerosed, this being due to simple inflammation (osteoplastic ostitis) and not complicated with tubercle. Dr. Griffiths regarded this, although possessing the clinical features of caries (tuberculosis), as quite distinct from that disease in its mode of origin and nature.—Mr. WATSON CHEYNE asked if the wall of the abscess was examined for tubercle; the sclerosed bone itself rarely or never showed evidence of tubercular disease.—Dr. GRIFFITHS, in reply, said he had examined the abscess wall with negative results.

Dr. HANDFORD showed a specimen of Disseminated Polypi of the Large Intestine becoming Malignant, which was taken from the body of a woman aged thirty-four. There was no history of malignant disease, and no other member of the family was known to have intestinal polypi. The duration was uncertain, but the largest polypus, which was pedunculated, 3·75 centimetres in diameter and weighed 180 grains (in the spirit preparation), was extruded through a stricture of the rectum and removed six months before the patient died. At the necropsy the liver contained enormous secondary growths of the same character as the stricture of the rectum (malignant adenoma), and weighed 7 lb. 12 oz. Scattered throughout the large intestine, but chiefly below the middle of the transverse colon, were about 170 polypi varying greatly in size, some sessile, and some attached to pedicles up to seven centimetres in length. At the middle of the transverse colon was a second stricture, originating from the base of a large sessile polypus. The smaller polypi showed the structure of a simple adenoma, and consisted of a central core of connective tissue and bloodvessels, over which was spread the thickened mucous membrane, containing innumerable Lieberkühn's follicles. But even in these some of the crypts had begun to widen out into larger spaces. In the larger sessile polypus at the site of the splenic stricture the transitional stages to a malignant growth could be traced. There was still a branching core or framework containing connective tissue and bloodvessels. Between the branches of this framework the tissue consisted of large, irregular, much indented spaces lined with a single layer of columnar epithelium. Between these very irregular spaces, or cysts, was a richly cellular connective tissue stroma. In places the stroma contained patches of irregularly placed columnar cells in complete disorder, and in other parts there was an indistinct alveolar arrangement. Some portions of this polypus, of the rectal stricture, and of the secondary growths in the liver, were quite indistinguishable from one another. In all the columnar epithelium, where it lined cysts, remained in a single layer. This case appeared to bear out the contention raised about laryngeal growths—viz., that in some instances simple polypi might eventually become malignant.—Mr. ROGER WILLIAMS commented on the association of cancer with multiple polypi, and on the fact that the malignant growth exhibited apparently more than one starting point. In the tongue he had frequently observed the development of cancer in association with an ichthyotic condition, and he supposed that the excessive formation of polypi indicated likewise hyperactivity of the intestinal epithelium. Multiple initial lesions of cancer were commonest about the mouth; he had also seen them in the œsophagus.

Mr. JAMES BERRY showed a Fibro-cartilaginous Tumour which he had removed from the tongue of a man aged forty-nine. It had been growing slowly for five years. It was situated on the right border of the tongue, about half way between the base and the tip. It had attained the size of a small hazel nut; it projected markedly from the tongue, to which it was attached by a slightly constricted base. On the surface it was smooth and covered by mucous membrane, which moved freely upon it. On section it was found to consist mainly of firm fibrous tissue with a nodule of cartilage in the centre. Mr. Berry said that the chief interest of the specimen lay in its rarity, fibro-cartilaginous tumours being very seldom found in this region. He had not been able to find any mention of a similar specimen in the Transactions of the Society. A few somewhat similar cases had been recorded by Weber, Bastian, and others; but in most of them the patient was much younger and the tumour probably congenital. This was certainly not the case with the specimen exhibited.

The following card specimens were exhibited:—

Dr. HALE WHITE: Dermoid Cyst attached to the Pericardium.

Mr. HURRY FENWICK: Unusually large Urethral Calculi.

Dr. A. E. VOELKER: Retro-peritoneal Teratoma.

Mr. SHATTOCK: (1) Separation of Radial Epiphysis; (2) Necrosis in Ossifying Chondroma.

Dr. MONTAGUE MURRAY: Seven specimens of Bothriocephalus latus in a single patient.

Dr. HANDFORD: (1) Carcinomatous Strictures of Rectum and Hepatic Flexure of Colon, Carcinoma of Portal Fissure, Disseminated Carcinoma of Liver, Impacted Gall-stones; (2) Carcinoma of Lung, simple Gastric Ulcer, death from Enteritis.

Dr. WETHERED: Intestine in Psilosis (Tropical Diarrhœa).

Mr. L. A. DUNN: (1) Multiple Polypi from Rectum; (2) Spinal Cord compressed by Sequestrum; (3) Spina Bifida.

CLINICAL SOCIETY OF LONDON.

Retention of Urine from a Pelvic Hydatid Cyst.—Thyroid Tumour, apparently Malignant, almost disappearing after Tracheotomy, and subsequently regrowing as Sarcoma.—Urethral Stricture after Electrolysis; Encysted Vesical Calculi; Lithotrity and Supra-pubic Lithotomy.—Treatment of Phthisis by Inhalation of Super-heated Air.

THE last ordinary meeting of this Society was held on May 23rd, the President, Mr. Christopher Heath, in the chair.

Dr. F. R. FAIRBANK communicated a case of Retention of Urine from a Hydatid Cyst in the Pelvis. The patient was a man aged sixty-five. He was seen in July, 1879. He suffered from repeated attacks of retention, and at last a catheter could not be passed into the bladder. The symptoms being urgent, a trocar was passed per rectum into what appeared to be the bladder, when about four ounces of an opaline fluid ran away. A No. 8 catheter could now be got into the bladder, and about a quart of dark-coloured urine was drawn off. The difference between the two fluids was striking. A second cyst under the abdominal wall in the left iliac region was aspirated, and it proved to be a hydatid. About six months afterwards he passed with his urine several hydatid cysts, four of which were examined, and were the size of ordinary walnuts partially collapsed. After the lapse of ten years he had been examined, and there were no signs of either the cyst in the iliac region or that between the bladder and the rectum. The prostate was not enlarged. He had an imperfect recollection of a small round tumour in the region of the liver, which disappeared many years ago. References to similar cases were given.—Mr. W. H. BENNETT said that these cases were but rarely met with, though hydatid cyst was frequently mentioned as a cause of retention of urine. He himself had recently met with a precisely similar case in a man aged fifty. When seen, he had apparently a distended bladder, but it was not appreciably diminished by the catheter. He tapped the swelling per rectum, and withdrew about three pints of hydatid fluid of sp. gr. 1006, and containing a few hooklets. As the cyst did not shrink after this treatment he laid it open from the rectum, tied a tube in, and drained for a week. The opening continued to discharge for six months, and it had so much shrunken that it could not be felt. One case had been recorded which produced death by pressure on the ureters, while in another the cyst ruptured during straining into the rectum.

Mr. G. R. TURNER described a case of Thyroid Tumour, apparently malignant, which almost disappeared after tracheotomy, and subsequently on regrowth was undoubtedly sarcomatous. The patient was a woman aged sixty-two, who was admitted into St. George's Hospital on Sept. 5th, 1888, with a thyroid swelling of six months' growth, causing by its pressure on the trachea considerable dyspnœa. The latter was relieved by chloroform and the inhalation of oxygen gas until early the following morning, when tracheotomy was performed. The trachea was pressed over to the left side, and was opened behind the manubrium so far from the surface that, no ordinary tracheotomy tube

being possible, a No. 12 gum catheter was used instead. The thyroid tumour was taken, both by its history and appearance, to be malignant. It decreased, however, in size after the tracheotomy, and all but disappeared. There was no evidence of any cystic, inflammatory, or blood extravasation enlargement in the tumour. The isthmus was not divided at the tracheotomy; there was no excessive discharge from the wound during convalescence. The woman remained well until the end of October. Some albuminuria, which was present on her first admission, disappeared in about a week's time, and was not afterwards noted. She had no general or local œdema at any time. In the early part of November the tumour grew again rapidly, and on the 8th of that month an operation for its removal was attempted, but its connexions were found to be such as to forbid this. The swelling had the same naked-eye appearances as when seen at the first tracheotomy. A portion removed was examined microscopically by Dr. Delépine, who pronounced it undoubtedly sarcomatous; this was subsequently verified at the post-mortem examination. A second tracheotomy on Nov. 16th was followed by a second shrinkage of the tumour, due this time to a rapid disintegration of its cells. There was a very foul discharge from the wound. The patient eventually became unable to take food, and died on Dec. 15th, nine months after first noticing the swelling. Post-mortem examination showed the thyroid body, which was hardly enlarged at all, to be occupied by (almost replaced by) a breaking down sarcomatous mass which had infiltrated the trachea and neighbouring structures; there were no secondary deposits elsewhere. The first tracheotomy scar was found passing through the seventh, eighth, and ninth rings. The question as to the original nature of the growth was discussed, and possible causes for its disappearance considered. Cases of disappearance of sarcomata after erysipelas recorded by Bruns[1] were quoted, and in those cases of malignant disease of thyroid where tracheotomy was extremely difficult or impossible, a free division of the fascia and parts over the tumour was advocated.—Dr. BOWLES stated that last year, when visiting Professor Kocher's clinical wards at Berne for the purpose of investigating the connexion of the ablation of the thyroid body with myxœdema, he had witnessed a case from which a malignant thyroid gland had been removed for impending suffocation nine months previously. Tracheotomy was attempted, but unsuccessfully; the tumour was then dissected out, but in the middle of the operation life was in such danger that a large part of the thyroid cartilage was at once removed, and eventually, with the tumour, the greater part of the length of the trachea, the back of it alone remaining with a small portion of the thyroid cartilage. The man wore a silver tube, and could make himself very well understood, although both vocal cords were absent, and only cicatricial tissue existed in the place of the normal trachea. There was no evidence of any return of the disease.—Mr. BRUCE CLARKE inquired if in this patient an instrument was worn to keep the passage open.—Dr. BOWLES replied in the affirmative.—Mr. ROGER WILLIAMS asked if in Mr. Turner's case inflammatory affection could be altogether excluded; it was unusual for sarcomata of the thyroid to be entirely without gland elements.—Mr. TURNER replied that there was an entire absence of inflammatory symptoms throughout.

Mr. BRUCE CLARKE brought forward a case of Urethral Stricture four years after Electrolysis, in which encysted vesical calculi were present; three operations by lithotrity were done, and three by supra-pubic lithotomy, one of which was performed through the peritoneum. The patient had been under his care four years before with urethral stricture, and had been treated by electrolysis, with the result that a No. 12 English would now pass easily. About a year later he was found to have cystitis, which eventually turned out to be due to an encysted vesical calculus. This was removed by supra-pubic lithotomy, and he made a good recovery. In April, 1888, his symptoms again returned, and lithotrity was performed on three occasions during the next few months, more than an ounce of calculous matter being on one occasion evacuated. In January, 1889, as his symptoms returned with greater severity, supra-pubic lithotomy was again performed, but the peritoneum was adherent to the pubes, and the operation had therefore to be performed through the peritoneum. Calculous matter was again removed, and also at the beginning of the present year, since which time he had been much better in health, and his urine had been clearer than it had been during the past three years.—The PRESIDENT thought the case was valuable as illustrating the difficulties met with in clearing the bladder of stone. He held that encysted calculus was not nearly so rare as had been thought. He asked the author if, when he opened the bladder for the first time, he felt the second sacculus in which the calculus was afterwards found.—Mr. CLARKE replied that he both felt the bladder and saw into it. He could see more than one saccule, but was positive that they contained no stone. It was remarkable, indeed, how rapidly the calculi formed after operation.

Mr. H. H. TAYLOR then related some cases illustrating the Treatment of Phthisis by the Inhalation of Super-heated Air. Four cases of pulmonary phthisis were treated, two complicated with laryngeal phthisis. The air was inhaled at about a temperature of 300° F. The inhalations appeared to cause no inconvenience, neither the temperature, pulse, nor respirations increasing, nor did the skin act more freely. The results obtained were insufficient to base any definite statement as to the value of this treatment. Two cases of pulmonary cavities, which had been tapped and drained, were then made use of in order to determine, as far as possible, if the heated air extended beyond the bronchi. The communication between the mouth and the cavities was very free. A thermometer in each case was placed in the cavity, but after inhaling air at a temperature of 300° F., it only rose one degree in one case, in the other there was no result at all. It would thus appear that the air was quickly cooled down to the normal temperature of the blood, and never reached the smaller tubes above that temperature. If this were the case, it completely disposed of any theory that this treatment could have a specific effect on the course of phthisis.—The PRESIDENT asked whether any theory was promulgated which showed why super-heated air should be advantageous, and whether the bacilli were diminished by the treatment.—Mr. TAYLOR replied that Weigert was responsible for a theory that the hot air killed the bacilli, which could only live in a small range of temperature; but this was impossible, for the hot air was cooled before it reached the lungs. The bacilli had not been found diminished in number or potency.—Dr. MACFARLANE knew of one case in Essex in which the treatment had been tried without good result.—Dr. DAWSON WILLIAMS stated that Dr. Cranstoun Charles had tried it, and, he believed, with good results, though all the reports from America negatived the idea that good could be done by it.

The PRESIDENT stated that the committee appointed by the Society under the chairmanship of Dr. Broadbent, to make a report on the duration of the periods of incubation and infectiousness of the commoner infectious diseases, had received a considerable number of returns, but he would particularly ask for additional reports of cases showing these periods in typhus fever, enteric fever, whooping-cough, varicella, cholera, and influenza.

HARVEIAN SOCIETY.

Sequelæ of Syphilis.—Harelip.—Migratory Œdema.—Hyperplasia.—Osteitis Deformans.—Ostcotomy.—Addison's Disease

THE meeting on May 15th was a clinical evening, Mr. Thomas Bryant, President, in the chair.

Mr. J. ERNEST LANE showed a case in which complete adhesion had taken place between the free border of the velum palati and the posterior wall of the pharynx, so that the nasal and oral cavities were separated from one another posteriorly, a small aperture at the junction of the hard and soft palate being the only means of communication between the tube. The cause of this deformity was a diffused syphilitic infiltration of the soft palate and of the pharyngeal wall; to this succeeded ulceration of the parts and adhesion between the posterior pillars of the fauces and the wall of the pharynx. These adhesions gradually advanced inwards towards the middle line, the infiltrated tissue subsequently becoming converted into a tough, highly contractile cicatrix. Mr. Lane described this condition as one of considerable rarity, though the partial adhesions were not uncommon. Loss of taste and smell usually resulted, and for the remedy of these conditions some operative measure might be deemed

[1] Monatsch. für Prakt. Derm., vol. viii., No. 4.

advisable, though in the present case the inconvenience was not sufficient to justify operative interference. Mr. Lane also showed portions of the vomer and inferior turbinated bones which had exfoliated in this case.—Mr. R. J. CARTER showed a similar case in a cornet-player aged thirty-two, who had had a primary sore sixteen years ago. Throat symptoms began eleven years after the initial manifestation. In this patient the face and scalp were covered with an ulcerative tubercular syphilide. He was still able to follow his occupation as cornet-player.

Mr. EDMUND OWEN showed a case of Harelip with Cleft Palate. The harelip had been cured by a plastic operation, but the pins had been left in too long, so that unsightly scars were produced. Mr. Owen said that, though he had not performed the operation himself, it served once more to remind him of the disastrous results of using such instruments. For his own part, he had entirely discarded them, and obtained excellent results from the use of carefully inserted sutures.—Mr. BRYANT said that the experience of Mr. Owen fully corroborated his own, as for a quarter of a century he had given up using harelip pins. He asked whether the cleft in the palate had become smaller since the operation on the lips, as he found that this often happened in children owing to the increased pressure exerted by the lips and cheeks. He therefore postponed the operation on the palate until the child was a year old.—Dr. CLEVELAND and Mr. ROGER WILLIAMS spoke about the cause and size of the scars.

Dr. EWART showed a case of Migrating Œdema, with pleural effusion of albuminuria, probably due to septic infection and to influenza, occurring in a man aged thirty-seven previously healthy and strong and free from syphilis. He had an attack of influenza at the end of December, 1889, and at that time sustained a bruise and abrasion of the hand, which healed after slight suppuration. About Jan. 16th he was seized with sudden pain at the right lateral base of the thorax, which persisted, whilst an œdematous swelling gradually extended from that point into the armpit. This swelling disappeared, leaving a rash, but was followed by œdema affecting the limbs and trunk. No swollen veins could be discovered at any time, but the right arm was the seat of severe pain. Both bases of the lungs were œdematous, and large quantities of clear fluid were on four occasions removed from the left pleura. Albuminuria persisted throughout without any nephritis. There were great weakness and insomnia, which were but slightly relieved by alcohol and morphia, and for some time the patient's condition was desperate. It gradually became apparent that the symptoms were mainly cardiac, and a diagnosis was made of intra-cardiac thrombosis of the right side, ushered in by some peripheral clotting. The administration of iodide of potash to the extent of sixty grains in twenty-four hours was at once followed by marked improvement.—The PRESIDENT, in commenting upon the case, was of opinion that the œdema had been of lymphatic rather than of venous origin.—Mr. EDMUND OWEN suggested the possibility of the case having been one of subacute pyæmia.—Dr. EWART, in reply, considered the case to be best explained as one of blood change, beginning in the lymphatic system and leading to thrombosis of the right side of the heart.

Dr. STEPHEN MACKENZIE showed a case of a boy aged sixteen whose growth had become arrested two years and a half ago, and since then had shown a great Overgrowth of Fatty Tissue. After bathing he contracted a cold, followed by "erysipelas" of the nose. Since then he has had repeated attacks of erythema of the face. He is a quick, intelligent lad, with a red face and rough skin. There is a general overgrowth of fat, which occurs as symmetrical pods in the neck. It is difficult to accurately judge of the size of the thyroid body, but it appears atrophied. Dr. Mackenzie regarded the condition as a perverted tissue development, allied to sporadic cretinism and myxœdema.

Dr. STEPHEN MACKENZIE also showed a young man aged twenty-nine, whose skin was much bronzed and whose labial and buccal mucous membrane was deeply pigmented. Accompanying the pigmentary change there were marked signs of asthenia, and he regarded the case as one of Addison's Disease. It appeared to be of five years' duration.

Dr. R. MAGUIRE showed a case of Osteitis Deformans. The patient, a woman aged forty-nine, had noticed some four months ago that her head was growing larger. Later her legs became affected She now showed great thickening of both tibiæ, with the formation of irregular bosses on their anterior surfaces and some bossing of the bones. All the bones of the skull were thickened, but especially the frontal and parietal bones. All the affected parts were hot and tender, and the skin over them was congested. The patient complained of vague pains in various parts of the body, which were not felt in the affected bones unless they were pressed. The pains were worse in the early morning; they did not occur at night. There was no history of syphilis or rheumatism.—The PRESIDENT, after referring to the interest of the case, said that one of the five cases originally published by Sir James Paget had been a patient of his own, and he had an opportunity of following out the case to the end. In the case he referred to, the patient became unable to move his legs and head, and went blind. The disease did not, however, shorten his life, as he lived to be over seventy years of age, surviving the publication of his case for ten or twelve years. Two sisters who are still living are now beginning to show signs of the same disease. Of this family these were the only three members.—Mr. ROGER WILLIAMS believed that osteitis deformans was associated with the leontiasis ossea described by Virchow.

Mr. LOCKWOOD read a case of an unusual Tumour of the Mammary Gland, and exhibited microscopic sections of the growth. The tumour was of three months' growth, and the patient was forty years of age.

Mr. HOLDEN showed a seaman, aged forty-five, who fractured his right femur in July, 1889. He was treated on board ship by a long splint, but without extension. Seven days later he was conveyed ashore, and was treated in a hospital with a long splint and extension. At the end of six weeks it was found necessary to refracture the leg. On admission to St. Bartholomew's Hospital there was a shortening of two inches and a half of the injured limb. The lower fragment at the seat of fracture was posterior to and overlapped by the upper fragment, and there was a large mass of callus. On March 4th the bone was divided, and the leg was put up in a long splint, with a weight of 7 lb. acting as an extension; this weight on the fourth day was increased to 16 lb. The patient got up on April 25th, and was then found to have only half an inch shortening.

Mr. LOCKWOOD showed a case of a man with a badly set Pott's Fracture, in which, after division of the tibia and fibula above the malleoli, a useful foot, with a movable ankle-joint, was obtained.

Dr. SEYMOUR TAYLOR showed a woman aged forty-two, who was suffering from languor and lassitude with great mental depression; she had also shortness of breath on exertion. Examination revealed pigmentation in the various sites which are usually discoloured in Addison's disease. Ten years ago she was in Guy's Hospital under the care of Dr. Wilks, who made a diagnosis of Addison's disease. Dr. Seymour Taylor thought that the case was in reality one of Addison's disease, though it might be in a state of quiescence, or even of absolute arrest. If tubercle is the necessary lesion of the adrenals, and knowing that tubercular disease of the lungs may become arrested, he thought that a similar course of events might have occurred in the supra-renal bodies of this patient. On the other hand, there might be a mistake in the diagnosis, though such a mistake was not likely to be made by Wilks and Pye-Smith, and least of all in that nursery of Addison's disease, Guy's Hospital.

Dr. R. MAGUIRE related a case of Addison's Disease, with marked and typical pigmentation, in which the patient, a woman, remained healthy; at least, he had always considered it to be an anomalous case of Addison's disease, but Dr. Stephen Mackenzie pointed out that pigmentation, such as was met with in the disease, also occurred in pigmented people who were otherwise healthy, and he thought that the two patients now shown might perhaps belong to this class of cases.—Dr. EWART said that he had seen calcareous degeneration of the supra-renal capsules, and so he believed that Dr. Taylor's explanation was a feasible one.

ROYAL UNITED HOSPITAL, BATH.—The ceremony of laying the corner-stone of a new children's ward for this institution was performed on Saturday by Mrs. Handley, the wife of the President (the Rev. G. Handley). The building will provide accommodation for twenty beds, divided into surgical and medical dormitories. There will also be two separate wards for special cases and nurses' room. The estimated cost is £1750

Reviews and Notices of Books.

English Sanitary Institutions, reviewed in their Course of Development and in some of their Political and Social Relations. By Sir JOHN SIMON, K.C.B. Pp. 496. London: Cassell & Co. 1890.

THERE is no branch of medical knowledge which has made more rapid progress during the last fifty years, or has been more developed both theoretically and practically, than sanitary science. The attention which has been paid to questions affecting the health of the population generally, and of various sections composing it, has been a great characteristic of the Victorian reign. And among the names of the eminent and worthy leaders of that important movement, none has been more deserving of being handed down to posterity than that of Sir John Simon. His public career from the date of his appointment as officer of health for the City of London in 1848 till his retirement from that of Medical Officer to the Privy Council and Local Government Board in 1876, was one of continuous and unobtrusive usefulness. In 1887 the Sanitary Institute of Great Britain, with Sir John Simon's consent, republished the reports made by him during his official career, Dr. Edward Seaton undertaking the duties of editor. The present volume has been prepared "to show in sequence the chief steps of English progress, from early to present times, in Laws and Administrative Organisation regarding the Public Health," and, combined with it, we are given the author's commentary on the various steps and his opinions on them.

The earlier chapters are devoted to an instructive and well-told history of sanitation, from prehistoric times to the end of the seventeenth century. In the beginning of the eighteenth century the members of our profession came well to the front in the study of the means of prevention of disease, and of the leaders in this movement Sir John Simon has given an interesting sketch. "Earliest on the roll of the Fathers of our Modern Preventive Medicine are the names of Richard Mead and John Pringle and James Lind; to be followed at no long interval by those of George Baker, Gilbert Blane, Edward Jenner, and Turner Thackrah." It is interesting to find that in 1720 Dr. Mead pointed out the necessity for those very measures which have been brought into operation 150 years afterwards for the prevention of the spread of infectious diseases among the people. These included, for central authority, a Council of Health, a staff of "understanding and intelligent men to be the 'searchers,'" the removal of the sick to houses three or four miles out of town, and of the sound from the infected houses to different places from the sick, the disinfection of houses and clothing, the provision of suitable means of conveyance for the sick, a system of notification of cases, and of inspection by the overseers of the poor of "the dwellings of all the meaner sort of inhabitants, and when they find them stifled up too close and nasty, should lessen their number by sending some into better lodgings, and should take care, by all manner of provision and encouragement, to make them more cleanly and sweet." In fact, the whole of his recommendations with regard to sanitary arrangements show him to have been far in advance of his time on questions affecting the public health.

That portion of the volume which treats of public health legislation during the reign of Her Majesty well deserves the study of all who take an interest in the welfare of the people. It gives a clear account of the progress of sanitary improvement during the last fifty years, the gradual steps by which it was accomplished, the difficulties with which it had to contend, and the obstruction caused by the incompetence of some of the authorities to whom the duty was entrusted of carrying out the measures deemed most advisable. A history is given of the inquiry by the Royal Commission of 1843, which led to the temporary Act of 1846 for the removal of nuisances and the prevention of epidemic diseases, and ultimately in 1848 to "The Public Health Act," by which a "General Board of Health" was established. The great defect of that Act was that on the General Board of Health there was not a single medical member, an anomaly which two years afterwards was remedied by the appointment of Dr. Southwood Smith to a seat at the Board. In 1854 this Board was abolished, and a new Board, "henceforth to be a Board only in name," was established on the footing of annual renewability, and in 1858 its medical functions were transferred to the Privy Council. In 1871 another change took place, and the administration concerning the public health was vested in the Local Government Board. Sir John Simon criticises very unfavourably the manner in which Mr. Stansfeld, the first President of the Board, organised the new department and the unsatisfactory results which followed. It would require much more space than we can afford to follow out the details in which the Act and its mode of operation have proved defective; but this is the less to be regretted if our readers are thereby induced to study for themselves the very careful observations made by the author on a system which "seems far too much to suppose that a free consumption of stationery may serve instead of skilled visitation; that average local reports will in general be of such completeness and exactitude that the central skilled officer can readily advise on them without having first, in person or by deputy, examined as to facts."

To the concluding chapter of this excellent volume we would draw special attention. It is entitled "The Politics of Poverty," and treats of the important question, How far the poor can be made less poor? "Help from outside can hardly be of permanent value except in proportion as it tends to develop the self-helping faculties of the poor or to remove unjust obstacles from their ways of self-help. ..... It cannot be too loudly proclaimed that an efficient administration of the sanitary laws is among the best helps which can be given to the poorer classes of the population, and that authorities who negligently or corruptly fail of their duties in such administration are amongst the worst oppressors of the poor."

In concluding this brief notice of a most interesting book, we would recommend it to the study of all our readers, professional and non-professional, as a very careful, well-written history of a most important branch of human polity. It teems with wise suggestions and quaint remarks. There is another point on which it deserves the very highest commendation. There is throughout the volume an ample acknowledgment on the part of the author of the labours of those who have gone before us, a warm and hearty recognition of the assistance and support of those with whom he has been associated, and an entire absence of self-glorification or of any attempt to appropriate to himself the credit due to the labours of others. It is only from a study of the book, and not from any statement of the author, that we can form an estimate of the great value of his lifelong work in the domain of public health. The volume has the great advantage of a copious table of contents and an abundant index. We have but one suggestion to make if it should, as we trust it will, reach a second edition: that a bibliographical list of the works referred to throughout the volume would be an addition of great value.

Terminologia Medica Polyglotta. Compiled by THEODORE MAXWELL, M.D. Camb., B.Sc. Lond., F.R.C.S. Edin., with the assistance of Dr. DE LA HARPE, Dr. HERNANDEZ Y BARRIOS, Mr. E. M. HOLMES, Dr. KAMOCKI, Dr. J. MOMMSEN, Dr. F. REICHE, Dr. A. RUBINO, Professor J. BLAND SUTTON, and Dr. St. ZALESKI. Pp. 459. London: J. & A. Churchill. 1890.

To arrange a dictionary of synonyms in seven different languages, which shall include all terms in medicine that are in ordinary use, and which shall yet not exceed a convenient size for reference, is by no means an easy matter. Dr. Maxwell has, however, succeeded in accomplishing his task, by an ingenious device. He has taken French as his chief or leading language, and under each French term has given the corresponding word in Latin, English, German, Italian, Spanish, and Russian, whilst for each word in these several languages the French term alone is given. Suppose, for example, a man is reading a German book, and, meeting with the word "Auge," wishes to know the correlative term in Italian. He turns to "Auge," and finds F. œil. He now looks up "œil," and under that word finds L. oculus, E. eye, G. Auge, I. occhio, S. ojo, R. Глазъ, око, which gives him what he requires. Another may wish to know the Spanish word for "egg." He refers to the word "egg," and finds F. œuf. On turning to "œuf" he finds œuf, *m.*, ovule *ou* germe, L. ovum, E. egg, ovum, G. ei, I. uovo, S. Huevo, R. яйцо. But this is by no means all. The compounds of main or stem-words are frequently and very fully given. Thus, under the word "ohr" are given—ohrarterie, ohrblatt, ohrblutader, ohrbock, ohrbrausen, ohrdrüse, ohrdrüsenbräune, ohrdrüsenentzündung, ohrdrüsengang, ohrenarzt, ohrenausfluss, ohrenknorpel, ohrenspiegel, and so on to the number of sixty-three, each with its French equivalent, from which, as just stated, the synonyms in the other languages can be ascertained. The only language which is not thus treated is the Russian, but probably this will not interfere with the usefulness of the book to the majority of readers. In almost all instances of the more important words the English synonym is given as well as the French, which saves trouble. Without desiring to find fault where the work is so well done, it appears to us that in some instances the synonyms of the several languages might have been given under a different heading; thus, if we look up brain, we find F. "cerveau," under which word we have a reference to "encephale," and under "encephale" are L. encephalum, E. encephalum, brain, G. gehirn, I. encefalo, S. encéfalo, R. Мозгъ. We think we should have put these synonyms under cerveau rather than under encephale. Perhaps, too, a thicker type might have been used for the reference or leading words with advantage instead of italics; and further, some space might have been saved by running on the synonyms instead of placing them in vertical series, but the method used undoubtedly has the advantage of distinctness. We append a specimen of the mode in which Dr. Maxwell has arranged the work, and we cordially recommend it to our readers as a book that will be found exceedingly useful in the event of their consulting any foreign work. It seems to have been very carefully read for press, as we have, after turning over many pages, failed to note any errors.

L. *Graphospasmus.* E. Scriveners' palsy, writers' cramp. F. Crampe des écrivains.

F. *Gras, se, adj.*
L. Pinguis.
E. Fat, fatty.
G. Fett, feist.
I. Grasso.
S. Graso.
R. Жирный.

F. *Gratiole, f.*, herbe à pauvre homme.
L. Gratiola officinalis.
E. Hedge-hyssop.
G. Gottesgnadenkraut, Gnadenkraut.
I. Graziola, erba di pover uomo.
S. Graciola.
R. Аврамъ, Божья милость, мокрецъ.

New Invention.

A NEW AND SIMPLE HYPODERMIC SYRINGE.

THE ordinary syringes for hypodermic medication so frequently get out of order because they require a considerable amount of care and cleanliness to keep them always ready for use. The fittings to the glass become loose and allow a leakage to occur, or perhaps the screw for fastening on the needle gets worn. The various contrivances for measuring the injecting fluid all complicate the instrument without increasing its value for ordinary medical practice. To obviate some of the disadvantages of the ordinary hypodermic syringe, and at the same time to considerably simplify the instrument and reduce its cost, I have had made the syringe depicted in the accompanying woodcut. It consists of a cylindrical graduated glass tube wide open at one end for the insertion of the piston, but with only a small opening at the other for fixing the needle. The piston consists of a large cylindrical rod of vulcanite with the outer end enlarged to form a thumb-piece, and the inner end covered to perfect the power of suction. The needle is inverted into the interior of the piston. There is here little to get out of order or suffer readily from the effects of wear. The open end of the glass tube is beveled—a point not attended to in the ordinary instruments,—so that the piston can be easily inserted without tearing the packing of the piston rod. The needle is inserted—not screwed—into the small beveled opening in the glass tube. Messrs. Arnold and Sons' patent for protecting the needle when the syringe is not in use—viz., by inverting it into the hollow of the piston—enables the instrument to be packed into a very small space. A very useful feature in the small case consists of a chamber for carrying morphia discs, and made to screw on the end. This idea was taken from my pocket medical emergency case suggested many years ago. The instrument has been made to my complete satisfaction by Messrs. Arnold and Sons, of London.

Southsea. T. FREDERICK PEARSE, M.D., F.R.C.S.

OXFORD UNIVERSITY. — The Visitatorial Board having declared the Linacre Professor of Human and Comparative Anatomy to have become disabled for the performance of the duties of his office, and the Convocation of the University having approved the appointment of a deputy professor to perform these duties during the continuance of such incapacity, the appointment will be made on some day after June 16th. The deputy professor will hold office during the incapacity of Professor Moseley, and his salary will be at the rate of £700 a year. Candidates for the office of Deputy Professor are requested to send in their applications, together with such other papers as they desire, to the Registrar of the University, by or before June 21st.

NORTH STAFFORDSHIRE INFIRMARY.—At a special meeting of governors of the infirmary on the 15th inst., certain rules of the institution underwent modification, and in the amended form stood as follows: (1) That the medical staff consist of two physicians and two assistant physicians; (2) that the surgical staff consist of two surgeons, two assistant surgeons, one ophthalmic surgeon, and one assistant ophthalmic surgeon; (3) that the full physicians and full surgeons and the ophthalmic surgeon be members of the General Committee, the whole staff to constitute the Medical Board; (4) that, in addition to this staff, there would be a dental surgeon as heretofore; (5) to have a physician and surgeon for each week, admitting all cases occurring during the week

THE LANCET.

LONDON: SATURDAY, MAY 31, 1890.

THE address of the President of the General Medical Council was this year somewhat shorter than usual, and the opening words indicated a feeling of peace and goodwill towards men which was scarcely disturbed by the mention of two cases for inquiry and for possible erasure from the Medical Register. The General Medical Council seems to be happy and prosperous. It has to note a legal success, and this is always satisfactory to the side which wins. Legal proceedings instituted by Mr. PARTRIDGE against the Council have terminated in its favour, and afford the President an opportunity of congratulatory remarks. It is a little difficult to applaud the action taken since the meeting in November with regard to the registration of midwives. It may be remembered that at the last meeting correspondence upon this subject between the President and Mr. H. F. PEASE, M.P., was received and entered in the minutes. Further letters have passed in connexion with the Midwives' Registration Bill, and in one the President remarks that he felt hampered by his official relations to the Medical Council and was constrained to retire from the committee. The reasons for this course of action are sufficiently sound, and do full credit to Professor MARSHALL, but the resolutions which contributed to this result can scarcely be considered satisfactory. The General Medical Council unanimously passed a strong resolution urging upon the Government the importance of passing into law some measure for the Education and Registration of Midwives, and then expressed its willingness to advise as to the general rules of education, examination and discipline, but deprived its remarks of much force by an apparent dread of the possible consequences of its own action, and timidly and hastily disclaimed all intention of undertaking any duties of detail as to the registration, or as to the local arrangements for licensing and control. The references to the relations between the General Medical Council and the Royal Colleges were made in happy terms by the President, who disclaimed all notion of imposing regulations upon those bodies. The contrast between the courtesy of his remarks and the wording of the resolution passed by the Royal Colleges certainly leaves the balance in favour of the General Medical Council. The resolution notes "the unprecedented course taken by the General Medical Council in dictating to the Licensing Bodies the conditions on which the Diplomas in State Medicine are to be granted in order that they may 'deserve recognition in the Medical Register,'" and records their "disapproval of the action taken by the General Medical Council"; and, after this flourish of trumpets, agrees that, as the conditions are in themselves unobjectionable, no further action is necessary. It is an argument in a circle, and as, in their work, the different bodies, for the present, must frequently come into contact, the conciliatory tone of the General Medical Council is worthy of imitation. Another question to which the President made reference in his speech was the proposed five years' curriculum. The College of Physicians, while recognising the desirability of an extension of the curriculum, refrained from making any recommendation on the subject; the College of Surgeons, on the other hand, in approving of the recommendation, referred it to a committee to report upon the best mode of carrying it into effect. The President spoke in no uncertain tones in favour of this project, and, in view of the gradually increasing burden which is being imposed upon students, there can be no doubt that this reform will be effected at no very distant date. The "heritage of the old system of pupilage, or apprenticeship," which has been lost, is viewed with regret by many, and as it has now gone beyond all hope of being recalled there have been frequent indications that hospital training in four years scarcely makes up for the loss. Taking present conditions in a broad sense, the President urges once more the desirability of jealously safeguarding the special needs of practical medicine and surgery. The claims of science are always sure of adequate recognition, but an element of danger lies in the diminution of time available for practical work. No diminution of systematic lectures is likely to prove a permanent substitute for a prolongation of the entire period of study; what is required is time to attend to those departments of medicine which are necessarily insufficiently studied in general hospitals. The President's address foreshadows the probability of further examinational developments, to include perhaps lunacy, ophthalmology, and an insistance upon a larger acquisition of knowledge of fevers and common diseases, and these changes will most certainly require a longer period of study, even though this should entail a larger expenditure on the part of the student. The greatest interest of the whole address will be found in the well-considered terms in which the future of medical education is forecast, and the judicial impartiality which the President brings to bear upon the future finds its keynote in his statement that "in educational matters in particular it is notoriously easier to discover defects than to apply remedies." This is an aphorism the General Medical Council might well take to heart, since it might lead to less frequent wearisome reiteration of impractical suggestions.

To turn from the future to the present, the work of the Council will be seen to have commenced with the customary formalities. The two communications from the Royal College of Surgeons led to delay and more discussion than might have been expected under the circumstances; and in the end it was resolved that, as the membership of the Royal College of Surgeons of England had been removed by that body from two former members, the qualification should also be erased from the Medical Register; hence these cases may yet have to be heard and determined by the Council in accordance with Sir W. FOSTER'S motion. Although the Treasury refused, on the ground of expense, to supply copies of the Medical Register to all the registrars of births and deaths in the United Kingdom, Dr. GLOVER, nothing daunted, gave notice of a further resolution upon this question.

The remainder of the proceedings of the first day consisted of a debate upon the action of the Executive Committee in

admitting exceptions, in special cases, to the rules for the registration of diplomas in sanitary science, and after many members of the Council had spoken the climax was reached in a serious objection to the word "diplomatate." The report was referred back to the committee, and the work of the first day was ended. It might not unfairly be summarised thus: the delivery of an interesting and thoughtful address from the President, the reception of sundry reports upon which no question could be raised, and the elaborate preparation of material for a future meeting of the General Medical Council.

THE precise position to be assigned to the various affections characterised by spontaneous hæmorrhage is undoubtedly one of the most unsettled problems in nosology. Writers have distinguished varieties of purpura (which, strictly speaking, is but a symptom of some underlying condition) mainly according to their severity, and most have hitherto declared that there is a hard-and-fast distinction between them and scorbutus. Yet when the subject is studied more closely, it is found that the distinctions are more or less artificial, and a clear definition becomes well nigh impossible. Accustomed to regard scurvy as a disease owning a dietetic origin, we are, perhaps, too apt to overlook the remarkable affinities that it bears to the other members of the class of hæmorrhagic disease. These affinities have seemed to Dr. W. KOCH so great as to justify their inclusion under the same head, and he has embodied his views in a monograph which, for logical force and exhaustive analysis, has been rarely equalled.[1] He boldly avers that all the members of the class represented by scurvy, including purpura and hæmophilia, are to be considered as one and the same affection (*Die Bluterkrankheit*), and he has supported his contention by a wealth of argument which it is difficult to withstand. Nay, more, he would include, even under the same head, all those "hæmorrhagic" forms of the acute specific diseases which we are accustomed to regard as implying the most intense degree of blood poisoning, for he seems to consider it more reasonable to invoke the theory of a "mixed infection" than to recognise an atypical variety of a specific disease.

After giving a fully detailed account of the phenomena of scurvy, as manifested in the various tissues and systems, he points out that, within the limits of this affection, there is every conceivable degree of involvement: and that as distinguished from the severe forms of purpura, or the hæmorrhagic diathesis, the only distinction that can be clinically maintained is the affection of the gums in scurvy, and that even this characteristic is occasionally wanting. STRÜMPELL, in his text-book, draws attention to the close relationship between scurvy and the purpuric group of affections, and between these again and erythema multiforme, and even acute rheumatism and endocarditis; whereas Prof. HIRSCH considered that to ally scurvy with purpura hæmorrhagica would be as rational as to connect it with stomatitis. It must be confessed, however, that Dr. KOCH does not depend upon mere external similarity in proof of his conclusion. He endeavours to show that the more profoundly their lesions are studied the more closely do these affections approximate. According to him, then, there is no such thing as rheumatic purpura; the affection called by that name is really scorbutic; it may have no connexion with rheumatism at all, since articular manifestations are not uncommon in classical scurvy. Scorbutic symptoms may arise in the course of typhoid fever, very rarely it is true, but often enough to admit the possibility of the implantation of the former affection upon the latter. Such cases were seen in the Crimea, and Dr. KOCH has himself seen in St. Petersburg convalescents from typhoid attacked with scurvy, as well as cases of scurvy which proved fatal with typhoid symptoms. The hæmorrhagic form of congenital syphilis is, he maintains, like hæmorrhagic measles or variola, really a scorbutic affection to which the syphilitic taint has predisposed the infant. So also with many other instances of diseases in which hæmorrhage occasionally arises; in one and all he sees the intervention of scorbutic infection.

It is obvious that if so great an extension is to be given to the conception of the scorbutic process as above indicated, the question of the etiology of scurvy must be fully reconsidered. Dr. KOCH does not shrink from a full discussion of this matter. He points out how varied have been the doctrines taught at different times concerning the influence of insufficiency of food, or the lack of certain of its constituents, in explanation of the scorbutic state. Needless to say that he finds himself compelled to relegate such factors—together with conditions of environment: as soil, water, insanitary dwellings, and the like—to the category of predisposing causes. For him the cause of scurvy is to be found in ranking it among the infective diseases, and in attributing it to pathogenic parasites, although there is not much evidence in direct support of this contention, yet there is the undoubted discovery of micro-organisms in cases of purpura hæmorrhagica by KLEBS, QUINCKE, WATSON CHEYNE, and others, which goes far to support the contention. DEMME, indeed, discovered a bacillus in the gangrenous skin of a scorbutic subject, but Dr. KOCH himself has failed as yet to isolate any such organisms from scorbutic blood or tissues. Nevertheless, the collateral evidence in the distribution of scurvy seems strong enough to admit it into this group of diseases, and scurvy has been known to occur epidemically. One must not, however, lose sight of the statement of HIRSCH, no mean authority in all matters of epidemiology—viz., that "there is no warrant to speak of a miasmatic or infective origin of the disease, while a contagious property is to be denied of scurvy in the most absolute terms."

Before, however, it can be shown that there is an identity between scurvy and purpura, it is obvious that there should be proof that all the various forms of purpura form one and the same disease. Now the prevailing tendency is undoubtedly to differentiate these forms and to make them essentially distinct. Amongst them are to be recognised purpura simplex, purpura hæmorrhagica, purpura rheumatica, and the possible alliance of the latter to erythema nodosum. However, Dr. KOCH agrees with SCHEBY that such distinctions are practically impossible. Cases which clinically come under one category are found pathologically to fall under the other. The distinctions are quite artificial. So, too, with scurvy. It is often impossible to distinguish by any clinical

[1] *Die Blutkrankheit in Ihrer Varianten.* (Billroth and Luecke's Deutsche Chirurgie, Lief. xii.) Stuttgart: F. Enke. 1889.

or pathological signs between a so-called purpura hæmorrhagica and a scorbutus: there are the same distribution of hæmorrhages, the same complications, the same result, and the same morbid anatomy. The kinship is too close to allow of any sharp limitation, and if, as seems probable, the etiological distinction of the dependence of the one upon defective diet and hygiene, and of the other upon some mysterious poison introduced from without, is to be abandoned, then the last ground for such a distinction must fall. The inclusion of hæmophilia in the same class might seem at first sight a bold step; and yet so far as its pathology goes it is just as difficult to mark it off from purpura as it is to differentiate purpura from scurvy. Logically, this remarkable hereditary tendency to spontaneous hæmorrhage cannot be excluded from the "scorbutic" group. Under the same head are also to be included, by the same inexorable logic, many other affections in which there is a tendency to spontaneous hæmorrhages, the most familiar of which is erythema nodosum. Such is the main purport of Dr. KOCH'S exhaustive work. To aim at correlating diseases may seem to be a retrograde step in pathology, which is constantly seeking to establish points of difference. But in the case of the hæmorrhagic class some such concentration is eminently desirable. Of course it must not be based on the mere symptomatic fact of the blood effusions. It must depend on the proof that between each of the affections in which this phenomenon occurs, varied and multiple as are its forms of manifestation, there is an underlying unity. Such an unity Dr. KOCH thinks he has established, and, in spite of predilections founded on the time-honoured notions concerning the production of scurvy, it is hard to say that he is not on the right track. At any rate, we commend his views to the attention of thoughtful men.

COMPLIMENTARY allusions to the progress of pharmacy during the last thirty-five years were recently made at the dinner of the Pharmaceutical Society. Certainly within that period medicine has had much cause to be grateful for the help it has derived from the patient work of the pharmacist. The range of new remedies has been considerably widened, and methods of administration have been vastly improved. In the rush for new remedies, however, it may be questioned whether we are not being hastened past many valuable and familiar drugs whose claims for consideration have stood the test of time, while their demand for patient laborious investigation remains almost unheeded. All the glorious complexity of the newer synthetic compounds is speedily revealed in names of many syllables and dubious pronunciation; formulæ are devised intended to show precisely the bond of union which links the methyl or ethyl radicle to another group of carbon compounds; the physiological properties are set forth with a clearness which almost reduces the art of medicine to a mechanical system, and yet the same kindly attention is denied to many of the older remedies. It is in no spirit of antagonism to the newer drugs that we venture to urge the claims of the old; but simply because, when there is promise of an addendum to the British Pharmacopœia, it is to be hoped that attention may not be focused too exclusively upon the present unofficial list. Mr. E. M. HOLMES recently read a paper on "Materia Medica Problems," in which he said that the unsatisfactory state of our knowledge with regard to many articles of materia medica is painfully evident, and he proceeded to support this statement by numerous references to the gaps which require filling up. Very little is known of the composition of many of the volatile oils, and still less of the conditions under which they vary. While the active principle has never been isolated from some plants, in others several different bodies have successively been stated to represent the activity of the drug. The lack of satisfaction with which Mr. HOLMES regards the question is not a mere matter of generalisation; he referred in some detail to the problems surrounding aconite, and foremost among these placed the difficulty of obtaining aconite root uniform in strength, a point to which Mr. SQUIRE recently devoted much attention. More important, however, appeared to be the extraordinary variations in the strength of the active principle as supplied in commerce, samples of aconitine from one source being said to be in some cases seventy times as strong as those from another. The well-known change in colour of an aqueous solution of apomorphine is rather a matter of interest than of importance. Mr. HOLMES stated that the body to which the green colouration is due does not appear to have been examined; on the other hand, although the statement has frequently been challenged, it is asserted that this change of colour in no way impairs the activity of the solution. Belladonna, however, affords a more promising subject for investigation: atropine has long been supposed to be the main natural constituent of the plant; it is only within the last few years that its position has been assailed, and it will probably still cause surprise in many quarters to learn that it is yet an open question whether or not atropine and hyoscyamine are both present as natural constituents of the plant. The fact that satisfactory tests are still wanting is shown most clearly by the confusion characterising many of the statements referring to atropine, hyoscyamine, and hyoscine. Some of the other instances mentioned in this paper seem to trench upon chemical niceties devoid of general interest, but with regard to cannabis indica, ergot, and rhubarb the activity of the drugs lends considerable importance to questions connected with the source of activity, and this last is yet to be sought. The most varied results have been given by the several bodies obtained from ergot. The purgative principles of rhubarb and of the two forms of rhamnus now official have yet to be decided. From a purely practical and medical standpoint these numerous limitations of knowledge may seem of comparatively trivial importance. So long as the drugs can be compounded in some convenient form which retains the active properties of the crude drug, it might be thought that we should rest content with the old and press on eagerly after the new remedies, which in so many instances promise to give such marvellous results. This line of reasoning is, however, hopelessly unscientific. If our vegetable preparations possess active properties (and upon this there is no room for doubt), it is surely most desirable that those to whom we look for information should be able to say definitely the exact source of this activity. Our debt of gratitude to

pharmacists will be greater when they have solved for us many of the problems which Mr. HOLMES has indicated.

INSTITUTIONS for the care and cure of the wounded and the sick were in existence in India as early as the fifth century before CHRIST. In the island of Ceylon King PANDUKABHAYO, according to the English Orientalist TURNOUR, had in that dim foretime founded a hospital in his palace Anaradhapura; and one of his successors, DUTTHAGAMINI, who reigned in the second century before CHRIST, could boast on his deathbed that he had established sick-houses in eighteen localities, and equipped them with a medical staff and all the remedial agents then in use. Even before him the Buddhist King ASOKA, as the German scholar BÜHLER has recently shown, erected infirmaries, not for men merely, but also for the lower animals; and in those institutions consultations were held and medicines prescribed or dispensed as in a "polyclinique" of the modern day. King ASOKA (263—226 B.C.) was animated more by philanthropy than by love of science, and seems to have acted in the spirit of the beautiful Indian proverb: "Is a man ill? The physician is his father. Does he recover? The physician is his friend. Is he convalescent and fully restored to health? The physician is his guardian." But while the Buddhists had their hospitals, the Greeks their *larpeîa*, maintained at the public cost, and the Romans their *valetudinaria* for slaves and soldiers; while even the Mexicans, according to PRESCOTT, had infirmaries which extorted the praise of the Spanish invader,—all this merely illustrates VIRCHOW'S induction that every civilisation which, up to a certain standard, softens the *modus vivendi* and establishes a limited form of society, comes eventually to found asylums for the reception and treatment of the sick. Hospitals, however, in the modern sense, are the outgrowth of Christianity, and of Christianity alone, which has the incontestable merit of having "fanned into a spiritual flame the sparks of self-sacrificing benevolence smouldering in the darkness," and of having done what no other religion, no political or social power, has effected either in kind or degree for humanity. This is well brought out by the ultramontane PUCCINOTTI in his classic "Storia della Medicina," but is far more scientifically elucidated by Professor PUSCHMANN in his "Geschichte des Medicinischen Unterrichts"—the most recent and instructive treatise on the development of the healing art. The humanitarian idea which inspired it alone explains the marvellous progress made by Christianity in the first centuries. The philanthropic heroes of Pagan antiquity were isolated, and left no enduring results. Christianity, on the other hand, combined into system the humane efforts of individuals, and gave to charity a working organisation. If antiquity saw in the slave a useful animal endowed with speech, Christianity, though it could not at once abolish slavery, revealed the dignity of manhood inherent in the slave. Sympathy with the oppressed, relief of the poor and helpless, care and cure of the sick—such was the teaching of the Cross, whose votaries gave up their substance, often their lives, to the needy and afflicted. According to EUSEBIUS, the Church in Rome supported daily 1500 paupers, and in Antioch, according to ST. CHRYSOSTOM, more than 3000. ST. BASIL, in Cæsarea (from 370 to 379 A.D.), founded an institution in size like a small town, where patients, as well as paupers, were put under the care of physicians and qualified attendants; and ST. GREGORY of Nazianzen eulogises this institution as "the treasure house of piety, where sickness becomes a school of wisdom and misery is transformed into a blessing." Edessa in 375 contained a hospital with 300 dormitories, and on the model of these sprang up other infirmaries in Asia Minor, as well as in Alexandria and Constantinople. In Rome, says ST. JEROME, the first Christian hospital was that founded by the widow FABIOLA at the close of the fourth century, and that patrician lady's example was followed by others of her order till, in the provinces, in Gaul and Spain, as in Italy, infirmaries and poor-houses multiplied through the Empire. In those days the tendance of the sick was ecclesiastically declared to be a "God-pleasing work," and as FABIOLA lifted patients out of bed in her arms and the Empress PLACILLA AUGUSTA did menial's work in the city hospitals, so during the periodic recurrence of plagues and epidemics on a vast scale the downstricken were nursed and the dead buried by devotees of the Church without distinction of class or creed. Even JULIAN, termed the Apostate, expressed his admiration of the followers of CHRIST, and by their success in making converts was moved to erect and support hospitals at his own expense. The foundation of the modern system of care and cure of the sick in special houses was now laid, and fortunately for humanity, medicine had taken such a start as enabled her to outgrow the abuses which the gradually degenerating Church was weaving round these institutions. Had the monastic orders been unchecked by scientific evolution, hospitals would have sunk into instruments for gratifying the ambition and the vices of a corrupt ecclesiasticism; their efficiency would have been smothered by superstitious ritual and saint-worship; and the study of Nature's laws as the guide to rational treatment would have succumbed to faith in charms, in amulets, and miracles. From the opprobrium she would certainly have brought on her own charitable foundations Christianity has been saved by medical science, thanks to which she now enjoys all the credit of having created and organised the hospital system of modern civilisation untarnished by the abuses which were rapidly making that system less of a blessing than a curse.

Annotations.

"Ne quid nimis."

ASSOCIATION OF FELLOWS OF THE COLLEGE OF SURGEONS.

A GENERAL MEETING of the Association of the Fellows of the Royal College of Surgeons of England will be held in the rooms of the Royal Medical and Chirurgical Society, 20, Hanover-square, W., on Saturday, June 14th, at 4 P.M. The following gentlemen have been nominated for election on the committee: viz.—President: George Pollock. Vice-Presidents: Timothy Holmes and Wm. Paul Swain. Treasurer: John Tweedy. Secretary: H. W. Allingham. Committee: William Adams, W. Allingham, Dr. Robert Barnes, Wickham Barnes, H. Butlin, W. Bruce Clarke, Dr. Collins, J. Couper, J. Ward Cousins, W. Crosse, Richard Davy, Alban Doran, Victor Horsley, J. Lloyd, J. Morgan,

A. T. Norton, W. Rivington, Manley Sims, W. Square, C. Steele, and Lawson Tait. At this meeting the above-named gentlemen will be submitted for election; and important business affecting the Association of Fellows and their College will be discussed. Although the meeting will be held this year at the rooms of the Medical and Chirurgical Society, application will be made next year for the Council to give its sanction to the Fellows meeting in their own College. We are informed that a considerable accession of Fellows to the Association has resulted from the recent action of the executive in publishing the early history of the Association, the reason of its existence, and its future aims.

DISABILITIES OF IRISH AND SCOTCH DIPLOMATES.

A VOTE has been taken in Bristol in the form of replies to questions on the following two points—(*a*) That those holding the higher diplomas of the Scotch and Irish Royal Colleges should be eligible, equally with London diplomates, for appointments on the honorary medical and surgical staff of the hospital; (*b*) that Masters of Surgery of any University of the United Kingdom should be eligible for the post of honorary surgeon or assistant surgeon. 73 per cent. of replies have been in favour of *a*, and 70 per cent. in favour of *b*. There can be no doubt about the injustice and illiberality of any merely territorial distinction of qualifications within the United Kingdom. Any defence of such a distinction can only rest on a belief that there are essential differences in the standards of examination for the same qualification in different divisions of the kingdom, and the efforts of all working for the abolition of monopolies should be directed towards securing an honest equivalency in corresponding examinations, and the demonstration of this equivalency to those who hold the power of appointment. This demonstration is not easy, but at whatever cost it should be procured.

PEPTONES OF MEAT.

MEAT that has gone through the process of complete peptonisation is now recognised as a valuable agent in cases of weakness and debilitated digestion. The value of such a preparation depends, of course, upon the presence of well-defined bodies, chief of which are peptone, albumose, and gelatine, along with other soluble and predigested albuminoids. A method which has for its object the determination of the amount of these constituents has recently been communicated to the *Revue Internationale des Falsifications*, Part x., p. 169, by M. Alphonse Denaeyer. The difficulty hitherto, it appears, has been to isolate the gelatine-chondrine, as the author calls it. The albuminoids are more or less closely allied, and but few reagents precipitate one apart from the other. The separation, however, may now be brought about, so the author claims, easily and with comparative rapidity by adopting the following briefly-sketched plan. First, precipitation of the peptone of meat with the double iodide of mercury and potassium, which throws down only the albumose; the filtrate after concentration is then treated with excess of saturated solution of ammonium sulphate, and the mixture gradually brought to boiling heat. This results in the coagulation of the gelatine upon the walls of the vessel containing it. Rapid washing with cold water removes the small quantity of entangled iodide, but still leaves a little sulphate. It is then dried and weighed, and subsequently dissolved in hot water, and the ammonium sulphate determined by means of standard barium chloride (normal), and deducted from the first weight found. This is apparently the novel feature of the method. Second, precipitation with saturated ammonium sulphate, which gives albumose and gelatine. Both are thrown upon a tared filter, washed with the sulphate, dried, and weighed. The adhering sulphate is determined as in the first case, and deducted. Third, preliminary treatment with 95° alcohol to take up creatine, creatinine, urea, sarcolactic acid, &c., the amount of which may be got at by filtering the alcohol, evaporating, and weighing the residue. The portion insoluble in spirit is dissolved in water and precipitated with phospho-tungstic acid, which throws down albumose, peptone, and gelatine. These are dried and weighed on a tared filter; the ash is afterwards determined and the weight deducted. As will be seen at a glance from these data, the amount of each constituent may be readily calculated. Practice will show how far the method may be depended upon; it certainly appears to be convenient in operation, and the author has obtained results agreeing closely with those obtained from the estimation of the nitrogen. Appended are some of the results obtained, which give also an idea of the relative composition of different commercial preparations:—

Designation.	Peptone of purified meat albumen.	Peptone of egg albumen.	Peptone Direct from meat.
Peptone	37·675	34·700	25·857
Albumose	31·300	53·350	15·964
Gelatine	None.	None.	9·826
Definite compounds ..	5·525	5·930	29·972
Mineral Salts	8·285	1·025	18·386
Water	10·250	4·625	None.
Insoluble	9·965	3·980	None.

THE POLLUTION OF THE AIRE.

A SHORT time since a report was issued by Dr. Whitelegge, county medical officer of health to the West Riding, on the pollution of rivers within that area, and it was shown that amongst the evils which had been brought about were: the black, unsightly state of the streams, with deposit of organic and foul matters in the beds and on the banks; the increased demand on artificial water-supplies which the increasing pollution necessitated; the destructive influence of the process on the Yorkshire fisheries; the serious risks to health where the water of certain streams, after being excrementally contaminated, was used for domestic consumption in towns and places further down; and lastly, it was held that, without endorsing all that had been said as to the results of living on the banks of such streams, there could be no doubt that the resulting emanations were distinctly prejudicial to the health of those exposed to them. Of all the rivers thus polluted none stand out more prominently for the evils and unsightliness induced than the Aire and Calder; and it would appear that, owing largely to the initiative of the county boroughs of Leeds and Bradford, a beginning may soon be made to deal with this important matter. Indeed, at the instigation of those two boroughs, following on the inquiries made by the County Council, a formal inquiry has been conducted by the Local Government Board, through their inspectors, Dr. Barry and Colonel Ducat, who met representatives of all the sanitary authorities comprised within the water-shed of the Aire, and who will report on a scheme for the formation of a Conservancy Board to deal with and to prevent the pollution of that river and its affluents. So far as can be judged, unanimity prevailed as regards the essential principles of the scheme, and this was so much the case that the evidence of Drs. Cameron and MacLintock, who represented the two boroughs principally concerned, and who were present to

prove the need for action, was not even called for. There was, however, not the same unanimity as to the method of forming the Board. Leeds and Bradford thought that only those living in the basin of the river affected should be represented on the board, but Mr. Edwards, on behalf of the County Council, declared that if his Council went into the matter at all, they must go in as a complete body, the whole area of the county, with its population and rateable value, being represented on the new board. We trust that no difficulties as to its organisation will interfere with the formation of the board, which will doubtless form an important precedent in dealing with the urgent question of river pollution in this country.

ARSENICAL POISONING.

THE possibility of absorption when preparations of arsenic are employed externally has long been recognised, and frequent warnings have been given against its use as a caustic, and against the opposite evils of over-timidity and undue temerity; the former leads probably to the use of dilute preparations of insufficient strength to act as a caustic and produce a slough; the latter may result in its application over a large area, when, even though a slough may form and, in part, protect the denuded surface, the action is likely to be imperfect, and a proportion of the arsenic may be absorbed and produce toxic effects. In a case which led to an inquest recently in Ireland the report does not give sufficient details to allow of any definite statement being made upon the strength of the preparation employed. A certain Mrs. Warren, who is known as the "Cancer Curer," had treated a woman for cancer of the breast with a fatal result. The analyst who examined the stomach and breast of the deceased was of opinion that death was caused by arsenic contained in a plaster placed on the breast. There was no doubt that the poison was absorbed from the plaster, and that there was sufficient to cause death. The most curious feature of the case is that the foreman of the jury and another juror spoke on behalf of Mrs. Warren, and that, although a verdict of manslaughter against her was returned, a rider was appended in her favour, the foreman remarking that but for her a great many people would be in their graves. It does not appear that the "Cancer Curer" possessed any qualifications, or that she had received any training. As a secret "cure" for cancer arsenic has long been used; its indiscriminate employment, however, is attended with considerable risks.

THE NEWCASTLE SCHOOL OF MEDICINE AND ITS WORK.

WE are indebted to Dr. Dennis Embleton for an interesting addition to medical literature in the shape of a "History of the Medical School at Newcastle-on-Tyne." Founded in 1834 by the joint efforts of Dr. George Fife, Dr. Knott, Mr. Fraser, Mr. (afterwards Sir) John Fife, Mr. Potter, and Mr. McAllum, the school at its beginning accommodated some eight students in an auction room in Bell's-court. The history of its early development, not unchecked by adversity, but steadily carried on till the date of its amalgamation with Durham University (1851), and of its later more assured and regular progress, is related with appreciative clearness of detail. The comparison between the trembling structure of fifty years ago and the well-grounded establishment of to-day, with its 167 students and its associated infirmary containing 280 beds, is as encouraging as it is remarkable. The proof of efficient work on the part of its teachers and its former students is not wanting. In particular we may notice here the relation in which it stands, through two of its members, to one of the greatest benefits acquired for man by the science of medicine—the knowledge of the therapeutic use of chloroform. Dr. Robert M. Glover and Dr. Robert Elliott were among its teachers of materia medica. For both it has been claimed, and with justice, that they recognised as the result of original investigation the anæsthetic property of this drug. This, of course, is not enough to justify on clinical grounds the reputation hitherto accorded by common consent to one man above all others, that of being the discoverer of chloroform. Notwithstanding the previous recognition of its anæsthetic power, it was undoubtedly Simpson who first introduced this agent into the sphere of its unended usefulness by proving its practical value in obstetric practice. It was he who fought its battle with objectors, and who first regulated its application. It is, however, no small matter to have foreseen, even in a partial degree, the possibility of such triumphs, and to this credit the teachers of the Newcastle school, in common with a few others, are fairly entitled.

MILK EPIDEMIC AT FORFAR.

THE Local Authority of Forfar have received somewhat of a reprimand from the Board of Supervision. The subject in question was an outbreak of fever due to milk from a dairy where milk was contaminated by drain air. According to Dr. Murray's report, which has been endorsed by the approval of Dr. Littlejohn, there were twenty-six sets of customers supplied from the dairy, and in twenty-three houses there had been various illnesses; no less than fifteen families, involving thirty-six persons, suffering from fever. In dealing with the matter, the Board of Supervision express the opinion that the Local Authority and their sanitary inspector were to blame for not having caused the sanitary defects to be removed before the occurrence of the resulting disease. Too many authorities neglect the preventive part of their work, which can only be duly carried out by continual supervision and inspection and the maintenance of a proper record of the sanitary circumstances of all dwellings and establishments within their jurisdiction.

ACUTE PEMPHIGUS.

THE occurrence of an acute form of pemphigus has been doubted by most authors. Hebra and Bateman both came to the conclusion that there was no such disease. Other observers, as Dr. Sparks, Dr. Payne, Dr. Southey, and Sir Dyce Duckworth have recorded cases which they consider to be instances of such a condition. Henoch (*Centralblatt für Klinische Medicin*, No. 18, 1890) describes an affection of the skin under the title of "Acute Pemphigus," characterised by the formation of large and small cutaneous vesicles on various parts of the body, accompanied by febrile disturbances. The vesicles occur simultaneously or in crops distributed through the course of several weeks, and under circumstances in which cutaneous irritation may be excluded as a cause. Such a condition is fairly common in new-born children, but occurs much more rarely in the later periods of childhood. It occasionally follows the acute exanthemata; thus Henoch records the case of a child, aged ten months, who was attacked with scarlet fever, and two days after the outbreak developed pemphigus; the eruption of vesicles lasted four days, and the child died of collapse. A girl, aged four years, was similarly attacked on the third day of measles, and died on the eighth day of pneumonia. Henoch also saw this disease break out after scarlet fever in a child aged six years; the fever had entirely disappeared, but blebs of pemphigus frequently appeared for some time afterwards, each time with a temperature of 104° F. The course was a favourable one, and terminated in recovery. Henoch did not attempt inoculation experiments with the contents of the vesicles, similar researches by other observers having led to only negative results; and, as regards

the view held by some that pemphigus is contagious, he states that he has never seen a case in which infection could be proved, either in children or in very young infants. As regards the pathology of the condition, no satisfactory results have as yet been arrived at. Henoch inclines to the belief that possibly ptomaines may be the chief etiological factor in the disease. He believes that such a specific disease as "acute pemphigus" does not exist, but that various deleterious products circulating in the blood, and formed most readily during the course of certain zymotic diseases, possess the power, in a more or less powerful degree, of producing the vesicular eruption and of causing constitutional disturbances so severe as even to prove fatal, and that this poison may cause an illness of from two to six weeks' duration, or a chronic disease lasting over a period of months or years. Finally, Henoch describes a case of a child which was born with an eruption upon the tongue and lips consisting of vesicles like those of pemphigus, the contents of the blebs being stained with blood, and this condition continuing for three years.

IPSWICH WORKHOUSE INFIRMARY CONDEMNED.

A REPORT, which reflects very seriously both on the structure and the administration, in so far as nursing is concerned, of the Ipswich Union Infirmary has been prepared by Dr. Downes, Poor-law medical inspector to the Local Government Board. From what is said in the report, it would appear that the building is structurally so faulty that nothing short of its demolition and re-erection can properly meet the case. Some of the guardians resented the report on the ground of exaggeration, but Dr. Downes's reports have heretofore been prepared with such care and exactitude that the one in question is not likely to suffer if examined in the light of a detailed investigation of the building by persons who are properly acquainted with the principles of infirmary construction. And even amongst the guardians themselves there are some who evidently endorse the condemnation passed on the buildings. For the moment the matter has been submitted to a committee, and it is to be hoped that they will not come to a conclusion before seeking skilled advice as to the subject with which they are called upon to deal.

THE SCOTTISH NATIONAL PORTRAIT GALLERY.

WHEN in the July of last year we drew attention to the opening of this "Scottish Valhalla"—the splendid gift to his compatriots of Mr. J. R. Findlay, of Aberlour, who has also the credit of having conceived it and carried it towards completion—we remarked on the great proportion of distinguished names contributed to the collection by the physicians and surgeons of North Britain. As additions are made to the portraits and busts already on view, medicine still continues to be largely represented among the new comers. Of these the gallery, which was reopened to the public on the 10th inst, now exhibits the cabinet portrait of Dr. John Brown, the author of "Rab and his Friends.' This excellent likeness, taken in 1881, a year before Dr. Brown's death, is the work of Mr. George Reid, R.S.A., and, independently of the interest attaching to its kindly subject, is valuable on its own account as a specimen of sound and refined art. A bust in plaster of the famous Dr. James Gregory, whose "Conspectus Medicinæ Theoreticæ ad Usum Academicum" marked an era in medical literature, and won for its author Sir William Hamilton's epithet "Ultimus Romanorum," is another welcome addition to the gallery, its donor being Mrs. Burt and the artist Samuel Joseph, who has succeeded admirably in reproducing the strongly intellectual, decidedly masterful countenance of the great physician and man of letters. Other works of interest to the profession as being those of toilers in fields cognate to that of medicine are the drawing of Professor Joseph Black, the celebrated chemist and physicist; and the bust of Sir John Leslie, Professor of Natural Philosophy in the University of Edinburgh, through whose hands many of the leading physicians and surgons of Scotland passed. Of this, as of the bust of Dr. James Gregory, the artist is Samuel Joseph, who has again proved equal to his undertaking by a faithful rendering of Sir John's striking and powerfully thoughtful expression. Among her many attractions Edinburgh offers few more interesting to the medical man than her National Portrait Gallery, which now divides with her International Exhibition the attention of the holiday visitor.

COFFINED, BUT NOT BURIED.

THERE are other matters connected with the disposal of the dead besides the mere method of disintegration which may well engage the attention of reformers. Among these is the privilege allowed to undertakers, and occasionally exercised by them, of removing to their own establishments bodies intended for burial. However convenient, this custom is not free from serious objection on sanitary grounds, as must be evident from the history of a case lately investigated by Mr. Hicks. The body of an infant, after examination by the coroner, was duly certified, and removed by an undertaker in a coffin to his shop in preparation for burial. Meanwhile, however, the certificate was mislaid or in some way disposed of, and could not be found. Burial was postponed from day to day in the hope of recovering the lost paper till nearly a month had elapsed. Finally, application had to be made for a second certificate, which again entailed a fresh inquiry for the purpose of identification, and this at a time when putrefaction was far advanced. We need not be surprised that the coroner commented strongly on the incident, and proposed in future to forbid the removal of bodies from the mortuary before the day of burial. This, indeed, is the most natural and effectual mode of preventing the occurrence of such obvious neglect of health and decency as distinguished the case in question. The prohibition suggested could injure no one, since the liberty of removal allowed to undertakers is but little used, and is by no means necessary.

THE CONTAGIOUS DISEASES ACTS.

FROM a paragraph in an evening contemporary we learn that so excessive is the increase of soldiers in Indian hospitals since the repeal of the Cantonment Acts that several meetings on the subject have been held by Indian Government chaplains serving at military stations. The result of this has, it appears, been a unanimous expression of opinion that the revival of some control akin to that allowed under the Contagious Diseases Acts has become absolutely necessary. We are glad that these reverend gentlemen have shown what is lamentably rare whenever this subject is mooted, that they have the courage of their opinions and are not ashamed to avow them. Those who have had any medical experience in India among the European and native troops there will know how terribly syphilis and gonorrhœa are aggravated by the heat, the dirty habits of the natives, and other incidents peculiar to the climate and country. Indeed it will not be surprising if history repeats itself in a revival of the "black lion" of Portugal, as the soldiers of the Peninsular war called the sloughing ulcer which they contracted from the native women there. There are in India and elsewhere in the colonies all the materials likely to produce such a condition of things, and the only means by which it could be detected and prevented from spreading have been repealed. As we have pointed out before in previous issues, the native women in India are

subject to "caste" laws. A lamentable result of this is that the female child of a prostitute becomes in her turn a prostitute as a matter of course, and no other calling is open to her. Once a prostitute she must always remain so; thus she is in this respect not so favourably situated as the very lowest of English prostitutes. Some members of the House of Commons and other supporters of the Contagious Diseases Acts have blamed the medical profession for their repeal and for not agitating for their restoration to the Statute-book. But this is clearly putting the blame on the wrong shoulders. The Acts were passed and maintained with the almost unanimous approval of the whole profession, and their repeal took place in direct opposition to their views as expressed in THE LANCET and in the columns of our medical contemporaries. With this protest the duties of the medical profession ceased. As surely as there will be an epidemic of small-pox in Leicester—the result of neglected vaccination,—so surely will there be a terrible increase of syphilitic and other venereal diseases, as the direct result of the repeal of the Contagious Diseases Acts. Physicians and surgeons have written and spoken in vain. Perhaps his Royal Highness the Commander-in-Chief or the Governor-General of India, or both, may do by speech or pen what medical practitioners have failed to accomplish, and what members of the House of Commons, coerced by the "chapel screw" and the fear of losing votes, dare not.

HELMHOLTZ AT MONTPELLIER.

POLITICS may divide, but science unites, nationalities. During last week's celebration at Montpellier of the six hundredth anniversary of the founding of her famous school the professors of the mathematical, physical, and biological sciences joined in framing the following address to Professor Helmholtz: "Distinguished Master.—The professors of the physical and natural sciences, here assembled to solemnise the six hundredth birthday of Montpellier University, tender you their reverential homage. In you they salute the celebrated scientist who enjoys the rare privilege of seeing his name intertwined with all great theories of physical and physiological science. Your participation in the festival of the University of Montpellier has touched them to the heart, and they will ever cherish it in fond remembrance." The whole staff of the French professoriate signed the address, and two members of the organising committee of the medical banquet, in the name of their colleagues, invited Professor Helmholtz to a special symposium in his honour for Sunday, the 25th inst., at which science celebrated her characteristic "Revanche."

INTERNATIONAL MEDICAL CONGRESS.

IN connexion with the exhibition during the Congress at Berlin, the Imperial Board of Health is engaged in forming a special department for the illustration of medical and sanitary appliances. It is hoped that the various hygienic institutes and laboratories, as well as instrument makers and others, will largely contribute to the exhibits. The larger German towns will also probably show plans &c. of the sanitation works carried out within them. All communications connected with this exhibition should be addressed to the Exhibition Committee, Karlstrasse, 19, Berlin, as soon as possible. Communications should be made before June 15th. At the request of the organising committee of the Congress the following gentlemen have consented to form a Scottish committee in order to facilitate arrangements as regards Scottish members of the Congress:—Mr. Joseph Bell, Mr. G. A. Berry, Mr. John Duncan, Professor T. R. Fraser, Professor W. T. Gairdner, Dr. G. A. Gibson, Dr. P. M'Bride, Sir George Macleod, Dr. Peel Ritchie, Professor A. R. Simpson, Professor Grainger Stewart, Dr. Batty Tuke, and Sir William Turner. Professor Grainger Stewart has been invited to accept the office of president of the committee.

HOSPITAL SUNDAY.

THE public meeting at the Mansion House in aid of the appeal to be made at all places of worship towards the Metropolitan Hospital Sunday Fund will take place on Friday, June 6th, at 3 o'clock. The Lord Mayor will preside. Mr. Jonathan Hutchinson, President of the College of Surgeons, will deliver an address, and other speakers will also advocate the claims of the Fund.

ADVERTISEMENTS ON BATHING MACHINES.

THE American ideal of advertising upon every vacant space with sufficient square measurement for a poster has received an unexpected check. At the annual licensing meeting of the Rhyl Commissioners licences were refused to the two proprietors of about fifty bathing machines, in consequence of their having allowed to be exhibited on the outside the advertisements of somebody's pills. Visitors to Rhyl, when in search of health, will therefore no longer be haunted by visions of the need of drugs, but may take a bath without being invited to try a pill.

KEIGHLEY JOINT HOSPITAL SCHEME.

A PROPOSAL is under consideration for the provision of a hospital for infectious diseases by the various sanitary authorities within the Keighley Union. At a public inquiry held last week as to the formation of a Joint Board, it appeared that Oxenhope, the authority of which had hitherto been a consenting party, desired to secede from the scheme. This raised a difficulty, and, setting this matter aside, the questions of the amount of representation to be granted to each constituent authority, as of the admission of paupers into the hospital, caused some disagreement. But in the end these matters were left for the decision of the Local Government Board.

THE LIQUOR TRAFFIC AND NATIVE RACES.

IT is most gratifying to note that the King of the Belgians has given an audience to Dr. Hannay, of the Congregational Union, and Mr. John McKenzie, late Assistant Commissioner in Bechuanaland, on this subject, in which he expressed hearty sympathy with the views of those who protest against native races being demoralised and destroyed by the traffic in intoxicating drinks, and a confident hope that the conference would adopt some effective measures for the restriction of this traffic. If European nations are not strong enough to impose such restraints on their trade members in those distant regions, so much the more pity.

THE SANITARY STATE OF THE DERBYSHIRE INFIRMARY.

THE governors of the Derbyshire Infirmary, after receiving Dr. Seaton's recent report on the institution, wisely decided to call in an expert in the matter of hospital construction, and they have now received a full report on the structural aspects of their buildings from Messrs. Young and Hall, architects. The report sets out that the condition of affairs discovered is so serious that it would cost some £50,000 to remedy them effectually, whereas the entire reconstruction of the infirmary as a modern hospital might be carried out for some £60,000. Mr. Keith D. Young, of the firm referred to, is well known as having acquired exceptional experience in the subject of hospital construction and management,

both in regard of institutions for the treatment of diseases generally, and as to hospitals erected by sanitary authorities for the isolation of the infectious sick; and his advice as to the alternative of reconstruction should be very carefully weighed by the governors of the infirmary at Derby. In the meantime, the sick are to be largely accommodated in temporary wooden buildings and in tents.

THE DENTAL REGISTER FOR 1890.

THAT the dental profession and the general public are beginning to reap the benefit of the Dentists Act of 1878 is shown by the Dental Register for the current year. The tables compiled give the total number of registered dentists immediately after the passing of the Act as 5291, of whom 483 only were licentiates of dental surgery—that is, 9·13 per cent. This percentage has been gradually but steadily increasing. In 1884 it reached 15·12, in 1887 17·89, and in the present year 22·41. The total number of dentists has decreased by about 400. The Register has been made as accurate as possible by means of letters of inquiry which, early in 1889, were sent to every practitioner whose name appears in it, and in many cases a second where there was no reply to the first inquiry; and the thanks of the dental profession are due to the able Registrar of the General Medical Council for the great trouble he has taken. The Register can be obtained of Messrs. Spottiswoode and Co., of New-street-square.

PERITONITIS IN TYPHOID FEVER.

DR. RENNERT reports three cases of typhoid fever with perforation of the bowel which recovered in the Friedrichshain Hospital in Berlin. In an interesting paper on the subject he states that he finds that peritonitis may occur, even when there is no actual perforation, from the passage of pathogenic organisms through the partially destroyed walls of the ileum. As a rule, the peritonitis set up in this way is of a more circumscribed character than that which is caused by perforation; but, nevertheless, in some cases it is so extensive that it is impossible to avoid mistaking it for that due to perforation. For the purpose of prognosis it is of great importance to make out whether the flatus permeates the whole abdominal cavity, or whether it is confined within a limited area by the matting together of the coils of intestine. Dr. Rennert considers that the well-known sign of disappearance of the liver dulness is a strong proof in favour of the generalised affection; but if there be no change in the hepatic area, the prognosis is far more favourable. In this latter case it is quite possible for the patient to recover; but in the former the diffuse peritonitis which results invariably leads to a fatal termination.

THE BRUSSELS HOSPITALS.

THE Communal Council of Brussels is about to discuss a series of proposed improvements in the regulations concerning the administration of the hospitals. These regulations provide that the physicians and surgeons in charge shall be appointed by the Hospitals Council upon the advice of the University Council, the latter body itself selecting clinical professors from those appointed. The physicians and surgeons are to be appointed for five years, and may be reappointed for two further similar terms; the clinical professors of medicine may, however, be retained until they reach the age of sixty-five, and the professors of clinical surgery until they are sixty-two. Each physician and surgeon may have two, or in the clinics three, assistant physicians or surgeons, who are to be appointed for two years, the appointments being renewable for two more terms. There will also be clinical assistants (unpaid), who may act also as *médecins des pauvres* or parochial medical officers. The object of appointing so many assistants is, of course, not only to get the treatment carried out satisfactorily, but to afford as good a training as possible to a large number of recently-qualified men of good attainments. Hitherto the number of assistant physicians and physicians' clinical assistants has been very limited, being chiefly confined to the wards serving as university clinics. The subordinate surgical officers, too, have not been so numerous as it is now proposed to make them.

THE HOSPITAL SUNDAY FUND.

THE supplement which we to-day publish in support of the Hospital Sunday collection will set before our readers the claims which this benevolent institution has upon the charities of the religious world and the work to which it so powerfully contributes, both by the provision of much-needed pecuniary aid and the direction of public attention and interest upon the object which will be held up to view from every pulpit throughout the metropolis. That the response of the congregations of London will be rendered in no grudging spirit we are well assured; but the present is a time when the demands upon the hospitals are exceptionally heavy, and even more strenuous efforts than heretofore must be made if the medical charities of the land are permanently to retain the voluntary and spontaneous character which distinguishes them at the present time from kindred institutions in other lands. We trust that the active support not only of our regular readers, but also of the wider public to whom we to-day appeal, will be forthcoming to reinforce the effort which we have felt it both our duty and our pleasure to put forth with the object of stimulating this noble movement so far as lies within the range of our influence. Among the incidental forms of support which well-wishers of the cause will find ready to their hands, attendance at the meeting convened for 3 o'clock on Friday next, June 6th, by the Lord Mayor at the Mansion House, may be commended to all who can command leisure to be present. Mr. Jonathan Hutchinson, the President of the Royal College of Surgeons, will then deliver an address, and we are quite sure that his discourse will strongly influence all whom it reaches to pity and to help.

EFFECT OF THE EXISTENCE OF UTERINE FIBROIDS ON THE OVARIES.

DR. POPOFF, late *Chef de Clinique* under Prof. Lebedeff of St. Petersburg, has published an account of a series of twenty cases of fibroma of the uterus, where the ovaries were removed and carefully examined. He found that they were invariably more or less diseased; the most general morbid condition being a hyperplasia of the connective tissue, with corresponding enlargement of the organ. The cortical portion was pretty equally affected; sometimes small yellowish spots being seen, sometimes the walls of the vessels being thickened so that their lumen was partially occluded and the nerves were atrophied. In some cases the follicles became dilated, a multilocular cystic form of degeneration resulting; in others they became obliterated altogether.

WHEN IS A CHILD VIABLE.

IT is usually stated that children born before the seventh lunar month are incapable of living, and Voit mentions 1500 grms., or 47 oz., as being the minimum weight of a viable child. Exceptions, however, occasionally occur. One such has recently been reported by Dr. Holowko, assistant physician in the Dorpat Obstetric Clinic. A female child was born in the twenty-seventh week, and weighed only 1300 grms., or 31 oz. Though it had to be subjected to

Schultze's swinging movements in order to get it to breathe, it was ultimately brought into very good condition, and after a time attained the weight it would have done had it remained in utero its full time. It was kept in a kind of *couveuse*, and fed by a wet nurse, and with milk diluted with four parts of water. Dr. Holowko thinks that the formation of the chest and general muscular development are of more importance for prognosis in such cases than the body weight.

FOREIGN UNIVERSITY INTELLIGENCE.

Bordeaux.—Dr. Bergonié has been appointed Professor of Physics.

Breslau.—Dr. Biermer has been appointed Dean of the Medical Faculty, in lieu of Professor Fischer, who is in bad health.

Clausenburg.—The subject of Pharmacology, which has hitherto been taught in conjunction with General Pathology, is to be separated from it. The first holder of the new chair will probably be Dr. L. Tóth of Buda-Pesth.

Montpellier.—Dr. Castan, Professor of Clinical Medicine, has been appointed Dean of the Medical Faculty.

Naples.—It is proposed to found chairs in this and other Italian universities in seaport towns for the purpose of giving special instruction to medical men who take charge of ships.

Padua.—It is proposed to establish a chair of Hygiene.

Salamanca.—Dr. I. Cuesta has been appointed Professor of Forensic Medicine.

Utrecht.—Dr. A. Salzer of Vienna has been appointed Professor of Clinical Surgery, in succession to Dr. van Goudœver.

DEATHS OF EMINENT FOREIGN MEDICAL MEN.

THE deaths of the following distinguished members of the medical profession abroad have been announced:—Dr. Noulet, honorary professor in the Medical School of Toulouse.—Professor Scalzi of Rome.

IT may be well to remind Volunteer medical officers that their annual dinner will take place on Saturday, June 7th, at 7 P.M. at the Holborn Restaurant, under the Presidency of the Director-General, Army Medical Staff. The guests will include the Secretary of State for War, Earl Brownlow, the Under Secretary of State for War, the Presidents of the Royal Colleges of Physicians and Surgeons, Surgeon T. H. Parke, and many others. Tickets can be obtained of the Manager, the Holborn Restaurant.

THE Cavendish lecture of the West London Medico-Chirurgical Society will be delivered at the West London Hospital on Friday, June 6th, at 8.30 P.M., by Professor Ogston of Aberdeen on "Unrecognised Lesions of the Labyrinth." The annual dinner will be held at the Criterion Restaurant on Wednesday, June 11th, at 7 for 7.30 P.M.

THE meeting in support of the International Congress of Hygiene and Demography, announced to be held at the Mansion House on Thursday next, June 5th, has been postponed until Thursday, July 3rd, and the General Committee meeting, summoned for Wednesday, June 4th, will not meet on that day.

WE regret to have to announce the death, on Monday last, at the age of seventy-two, of G. T. Fincham, M.D. Oxon., F.R.C.P.L., Consulting Physician to the Westminster Hospital.

THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

TUESDAY, MAY 27TH.

MR. MARSHALL, PRESIDENT, IN THE CHAIR.

THE PRESIDENT, at the opening of the forty-eighth session of the Council, delivered the following address:—As, happily, no changes in the *personnel* of the Council have taken place since our last meeting, I am free at once to deal with those incidents and subjects in its past and prospective work which may be fittingly brought to your notice in an opening address. 1. It is gratifying to find that, following the examples of the dependency of Ceylon and the colony of New Zealand, two other of our great colonial possessions—namely, Victoria and New South Wales—have applied for and obtained the sanction of the Privy Council to come under the provisions of Sections 11 and 17 of the Medical Act of 1886, which relate to the registration of medical diplomas in the special Colonial Register. On its part, the Council, by acquiescing in the worth of such diplomas and authorising their registration, will be instrumental in realising a professional federation in respect of the healing art which will now anticipate, but which must have accompanied, that complete federation towards which the attention of the most thoughtful minds both at home and in our colonies is now being directed. 2. Our foreign Medical Register still has but a theoretical existence. The common liability of all mankind to disease and accident would seem to foreshadow a future universal reciprocity in regard to medicine and surgery; but the radical differences in the constitution and habits of different peoples, as well as certain national and professional interests, are opposed to the immediate establishment of exact mutual rights and privileges in regard to our profession. It is understood that the Swiss and French difficulties are to be met temporarily by the long-since suggested method of granting limited personal local licences, although ultimately special examinations in each country will be insisted on. 3. The Home Registers, both medical and dental, demand and receive increasing official attention on the part of our several registrars; but there is still need for me to urge on the members of the medical and dental professions generally that they should not omit to communicate to their respective registrars their acquisition of additional titles, their change of residence, or any other matters which may require correction. 4. Setting aside certain trivial, intangible, or inadequately supported complaints of misconduct, there are two cases to be brought to your notice in which registered practitioners have forfeited their diplomas. But for an oversight, one of these would have been dealt with last November. I have also to report that a case of alleged personation, which has resulted in procuring the entrance of a name, together with two qualifications, in the Medical Register, has, at my request, been investigated by our solicitor, and will be brought to the notice of the Council. 5. The legal proceedings recently instituted by Mr. Partridge against the Council have again failed; and the cumulative decisions of several judges have at length so far defined the rights and strengthened the position of the Council that there is now an improved prospect of a wider and fuller recognition of its powers, and of a consequent diminution of resistance to its authority. The reiteration of these well-known facts needs no apology. 6. A petition for restoration to the Medical Register, which will be submitted to the Council, whether it proves successful or not, offers a contrast to those vexatious appeals to courts of justice which have recently been made against the decisions of the Council. 7. During the recess, Mr. Henry Fell Pease, M.P. for Cleveland, Yorks, as the promoter of a Bill which has been brought by him before the House of Commons for the registration of midwives, invited me to join a committee engaged in considering the principles and details of such a measure. I have corresponded with Mr. Pease, but I thought it better not to act on his committee. By order of the Council the several resolutions relating to this subject, whether passed by it recently or some years back, were sent to Mr. Pease; and I

have also communicated to the Lord President the special resolution agreed to by the Council on Nov. 29th last, expressing its opinion of the grave importance of securing competent midwives for the poor especially, and urging on the Government to promote legislation upon this subject. Sir Charles Lennox Peel's reply justifies some expectation that, should Mr. Pease's Bill be defeated or dropped, the Government may frame and carry a suitable measure embodying this long-delayed social improvement. 8. The replies of the Treasury and of the Registrar-General—the former negative, the latter partially favourable—to the respective appeals which I was authorised to make to those authorities are, together with my letters, in the Council's programme of business, and will presumably appear in the minutes. 9. I may also report that I communicated Dr. Kidd's resolution concerning the definition of persons and places by whom and where instruction is given in chemistry, materia medica, and pharmacy, to the chairman of the Committee of Management of the two Royal Colleges in London. In reply, I received the assurance, which I had already given to the Council, that the subject adverted to in that resolution had previously engaged the attention of that Committee. 10. It is satisfactory to find that the action of the Council in its endeavours to secure adequate knowledge and experience on the part of those who receive from the several qualifying bodies registrable diplomas in Sanitary Science or Public Health has led to reasonably good, if yet incomplete, results, regard being had to existing, and at present uncontrollable, conditions. Without exception, those bodies have left unquestioned the intrinsic importance of the proposals embodied in the rules adopted by the Council. According, however, to high legal authority, the Council has no power to "impose" such rules upon the qualifying bodies; but the Conjoined London Colleges, which have obtained this opinion, have themselves approved and practically adopted the Council's own rules. It was not the idea of the Council to enforce a rigid uniformity in the modes of education and examination for these titular distinctions, which it has the power of registering or of declaring unsuitable for registration. Its object was, in fact, to indicate clearly its expectations as to a proper standard of requirements; and it is gratifying to find that, though in a few instances regrettable exceptions as to certain details have for the present to be allowed, yet by some bodies an even higher standard of training and testing will be insisted upon for specific academic degrees in Public Health or State Medicine. Finally, it may be claimed that the action of the Council has rendered it impossible that any retrograde step in this now specialised sanitary science education and examination should be taken in this country. On the contrary, this Council will, so far as lies in its power, have to elevate these titles in professional and general estimation, and increase their utility towards the public service. It remains for me to add that as in the opinion of counsel, which the Executive Committee was instructed to obtain, this Council has no direct power to inspect the examinations held by the medical authorities for their Sanitary Science or Public Health diplomas, the committee did not proceed to formulate methods of inspection, nor provide for the contingencies connected therewith. This special alleged inability fully justifies the vigilance of the Council in every possible mode of exercising its influence in regard to these sanitary titles. A strongly expressed memorial, containing complaints concerning the past but temporary action of the University of Glasgow in regard to the granting of Sanitary diplomas, has only just now reached the office. It will necessarily require careful consideration from this Council, probably after it has been referred to a special committee for investigation and report. 11. The consideration of the reports of the two Standing Committees on Education and Examinations will occupy a large share of the time and attention of the present meeting of the Council, and open up questions of great importance. It is not quite four years (November, 1886) since the Council considered and revised its recommendations on the subject of the preliminary education of intending medical students; and, on general grounds, it is undesirable that too frequent changes should be recommended in regard to any carefully considered educational scheme. But at a moment when the Codes now adopted for the primary education of the people exhibit much less of its previous scholastic or pedagogic type, and has had imparted to it a more elastic and practical character—and when, also, the associated examinations, inspections, and rewards will follow suit,—it is not unfit that this Council should at least take note of any obvious weakness to be detected either in the system or in the results of the preliminary education at present available for the purposes of medical students. In educational matters in particular it is notoriously easier to discover defects than to apply remedies, especially such as in themselves shall not prove to be more or less injurious. A wholesome dread of uniformity, and a more active encouragement of variety, the limitation of compulsory subjects, the offering of alternatives even in these, a free range of optional subjects, a development and increased valuation of practical work, both bodily and intellectual, especially in relation to accuracy of sight and touch, to perfection of muscular control, and to special manual dexterity, all being subject to and guided by a sound judgment towards useful definite ends, will doubtless accomplish much for the general education of the people in the future. Most certainly these changes will react on the preliminary educational systems intended for those who are to pursue the highly specialised callings of the practice of medicine and of surgery. This influence, however, will probably not be so strongly felt in regard to the general scheme of subjects which this Council, after no fewer than ten different discussions between 1876 and 1886, has lately approved, but it will rather result in such practical modifications as will necessarily be brought to the notice of the numerous bodies charged with the duty of conducting the examinations for the higher middle-class education of the country. The current of educational opinion has now turned usefully in the direction of employing fewer tests to individual candidates, and of demanding from them a larger amount of knowledge within such limits. My own opinion is that, at present, no science subject which is essential to a medical education can be sufficiently well mastered, either in principle or detail, during the purely scholastic period of youthful education. 12. The still more complicated problems relating to the systems of professional education and examination, which will be brought before this meeting of the Council in connexion with the reports of the two Standing Committees on those subjects, require only a general treatment at my hands, inasmuch as they must receive very full consideration in the Council itself. Although the Council is chiefly interested in those matters which concern the education and examinations intended to qualify for the primarily registrable titles, even then the details to be discussed are very numerous, whilst the diverse opinions concerning them are by no means clearly defined. Nevertheless, two associated important propositions may be safely announced, and should be steadfastly held in view: first, that medicine and surgery are practical arts, which, though to a certain extent empirical, are really founded on many general and special sciences; and, secondly, that as those sciences advance they must, as the real basis of these twin arts, be faithfully taught, whilst the practice of these arts must be studied and pursued in every available place and by the most realistic methods. We have lost the heritage of the old system of pupilage or apprenticeship, admirable and useful in some respects, but wasteful and obstructive in others, serving doubtless to perpetuate and hand down much useful knowledge, but tending to reduce medical and surgical practice to a series of traditions, or even to a similitude of actual trades. We cannot expect or even desire their complete revival as a general and compulsory condition of a professional education. Even if the corporations were to agree to attempt this step, the Universities could not be expected to follow them. The general adoption of a five years' curriculum of scientific culture, practical instruction, and actual individual work offers, as it appears to me, the most available means for remedying the imperfections of our present system. The Council has, by its important resolution of November, 1885, already moved in this direction; and the definite expression of an unqualified approval of it just now would have great weight, especially as the proposal has been in principle approved by several of the qualifying authorities. This proposed period of five years is not more than equal to that consumed in the old systems of apprenticeship or pupilage, if to it be superadded the medical school and hospital work. Of course the new system would entail a larger expenditure on the part of students; but that is not a matter for the intervention of this Council. Besides this, as a strict uniformity in the mode of utilising such an increased period of professional training will not only be undesirable but unattainable, means might be found through a variety of

alternative arrangements of meeting the wants even of those whose pecuniary resources are more or less limited. Under this assumed extension of the period of professional education the claims of science, supported by the ardent advocacy of its teachers, would be sure of due recognition; but the special needs of practical—that is, technical—medicine and surgery must be jealously safeguarded, including all such sound traditions and utilitarian methods as have stood the test of experience in the past. There would be ample time for all this, provided that a definite general plan were laid down, qualified by certain permissible but guarded alternatives in matters of detail. The diminution of systematic lectures would doubtless, by itself, most materially aid in providing time for intermediate though intermittent practical teaching; but it is to be feared that it would form no permanent substitute for a prolongation of the entire period of study, and the consequential readjustments in the whole scheme of education and examination thus rendered possible. Under a well-considered plan, teachers might be required to alter their duties without losing their emoluments. It is possible to point to continental authority and practice for this uniform compulsory extension of the period of medical and surgical study; but a really excellent mode of utilising a five years' period, with its associated periodical tests, will be found in an interesting communication describing the curriculum and examinations now enforced by the University of Melbourne for its degrees of Bachelor of Medicine and Bachelor of Surgery. This document, which has found place in the minutes of the Executive Committee, might with advantage be sent, together with any recommendations which this Council may adopt, to the several qualifying bodies, and might also be distributed amongst both teachers and examiners. If it should be held by this Council necessary that more attention must be paid to the demands of special departments of medicine and surgery—such, for example, as lunacy and ophthalmology,—if a larger acquisition of knowledge in regard to fevers and common diseases be also insisted upon by the examining boards, and if in every department, both of teaching and examination, a practical treatment and a judicious evolution and continuity of subjects are to be provided for, a longer period than that now occupied must, I think, be allotted to this seriously expanded amount of work. But the utmost attention will doubtless be given by the Council to these and other important questions which will forthwith occupy its attention. 13. The Pharmacopœia Committee, as usual indefatigable in its action, will present two lengthy and important reports, in anticipation of certain definite proceedings at the November meeting. 14. Lastly, a satisfactory report from the Finance Committee will once more show that if the work of the Council be conducted with the economy of time which has prevailed in several past sessions, the funds at the disposal of the Council will be sufficient to meet its various demands. I do not know that the work I have now sketched out need occupy very many days; so that I hope our duties may be fully discharged within our now customary time, and the present session be brought to a satisfactory conclusion.

Mr. Wheellhouse, Dr. Struthers, and Dr. Moore having been appointed to form a Business Committee, on the motion from the chair, it was resolved, as a question of urgency that certain communications in regard to an examination for diplomas of Public Health, held by the University of Glasgow on Oct. 15th and 16th, 1889, be received and entered upon the minutes.

The usual tables giving the results of professional medical examinations and of preliminary examinations during 1889, showing exceptional cases in regard to length of courses of study, the results of professional dental examinations during 1889, of competition for commissions in the Medical Department of the Royal Navy, and the results of competition for commissions in the Medical Staff of the Army, were received, and ordered to be entered in the minutes.

Dr. HERON WATSON moved, "That in the yearly returns to the Council, the returns of the Sanitary diplomas (diplomas in Public Health) be included along with the others, but in a separate table; and that the Indian Army Medical Office be requested to continue, as formerly, their returns of the results of the examinations of candidates admitted to the Indian Medical Service."

Communications in regard to the extension of the medical curriculum were received from the Royal College of Physians of London.

The following communication from the Royal College of Surgeons was read in reference to Mr. W. M. H. Welby:—

July 15th, 1889.

SIR,—In pursuance of the provisions of Section 28 of the Medical Act of 1858, I am directed to communicate to you, for the information of the General Medical Council, the following resolution, which was adopted by the Council of this College on the 13th ultimo, and confirmed on the 11th instant—viz.:

"That the statement of Mr. William Montague Hall Welby, admitted a member of the College on Jan. 21st, 1863, in reference to his mode of practice, and the advertisements from which his practice is derived, is unsatisfactory; that the advertisements, for which Mr. Welby must be held responsible, are, in the terms of Clause 2, Section 16, of the By-laws 'prejudicial to the interest' and 'derogatory to the honour of the College,' and 'disgraceful to the profession of surgery;' and that Mr. Welby be therefore removed from being a Member of the College."

I am, Sir, your obedient servant,

W. J. C. Miller, Esq. EDWARD TRIMMER, Secretary.

And also a communication from the same college referring to Mr. E. Apthorp as follows:—

Dec. 16th, 1889.

Sir,—In pursuance of the 28th section of the Medical Act of 1858 I am directed to acquaint you, for the information of the General Medical Council, that the attention of the Council of this College having been called to the fact that East Apthorp, admitted a member of this College on the 5th of May, 1885, has been convicted by court martial of stealing the sum of £10 in bank notes, and has been sentenced for such criminal offence to dismissal from Her Majesty's service with disgrace, and copies of such conviction and sentence having been obtained from the Admiralty and laid before them, the Council, in pursuance of the provisions of Clause 3, Section xvi. of the By-laws of the College, relating to the misconduct of Fellows and Members, adopted on the 14th ultimo the following resolution, which was confirmed on the 12th instant—viz.:

"That, in the opinion of this Council, the criminal offence, of which Mr. East Apthorp, admitted a Member of the College on the 5th of May, 1885, has been convicted, is of such a nature as to render him unfit to remain a Member, and that he be accordingly removed from being a Member of the College."

I am, Sir, your obedient servant,

W. J. C. Miller, Esq. EDWARD TRIMMER, Secretary.

Mr. WHEELHOUSE moved that these communications be received and entered in the minutes.

Mr. COLLINS asked if this resolution would have the effect of causing the removal of Mr. Apthorp's name from the Register. He pointed out that in the course of a case which had come before the Master of the Rolls lately, the judge had recommended that any case of a name being removed by a College or University, or any other body, the Medical Council should be a court of appeal for such persons before the name was removed from the Register. He thought they ought themselves to be satisfied before removing names.

Dr. HERON WATSON pointed out that it was simply a question of the College deleting the qualification they had given.

Dr. GLOVER quite understood the point that the removal of the qualification did not remove the name in this case; but as this case was alluded to in the address he would like further information as to why this matter was not dealt with in November last. Recent trials had brought home to the Council very strongly their responsibility in connexion with cases which the Council could not deal with, especially so where the name still remained upon the Register by virtue of another qualification. He would like to know what further course the Council proposed to take in reference to these two cases, believing as he did that the Council could come to a judicial opinion of its own as to their nature.

Sir WM. TURNER said, seeing that the College had deprived the two gentlemen of their membership, there could be no question but that the qualification must drop as a matter of course. They had each in addition another qualification, and therefore, although the Council remove, as it was bound to do, the qualification of the Royal College of Surgeons, the question of taking further action remained to be settled. They had to consider whether the names should be struck off the Register altogether, as the Council had full power to do under Section 29 of the Medical Act. He proceeded to point out the details of each of these cases, when the reporters were requested to withdraw.

On being readmitted, the PRESIDENT stated that the Council had resolved that the qualification of member of the Royal College of Surgeons of England now appended to the names of William Montague Hall Welby and of East Apthorp, be erased from the Medical Register.

Sir W. FOSTER moved: "That the cases of Messrs. Welby and Apthorp be brought to the attention of the President, in order that he may direct the advisers of the

Council to take steps, in accordance with the Standing Orders, for these cases to be heard and determined by the Council."

Dr. GLOVER gave notice that he would move a resolution before the end of the session in reference to the correspondence with the Treasury arising out of a resolution asking the Treasury to supply the Medical Register to every registrar of deaths in the kingdom.

The report of the Executive Committee as to its power of admitting exceptions, in special cases, to the rules for the registration of diplomas in Sanitary Science was submitted to the Council. They report that, having considered the following special cases, they had agreed to the subjoined resolution :—

"That, on production, in each case, of the diploma, and on payment of the registration fee, the diplomas in Sanitary Science held by the following persons, either already registered as medical practitioners or hereafter entitled to be so registered, be registered as additional qualifications :—(*a*) By the following diplomatates in Sanitary Science of the Victoria University :—W. B. Barclay, John Brown, Alfred Chadwick, William Sellers, jun., W. F. Dearden, William Dick, F. W. Jordan. (*b*) By the following diplomatates in Sanitary Science of the University of Glasgow :—James W. Boyd, James Fisher, Isaac Fletcher, Thos. Forrest, John Galloway, James Gilchrist, Malcolm Gillies, James Jarvie Hood, R. A. Morton, W. J. M. Slowan. (*c*) By Montague Cheale, a diplomatate in Sanitary Science of the King and Queen's College of Physicians in Ireland." The Committee further report that they have considered and granted the requests contained in two memorials from Edinburgh University.

Sir JOHN SIMON pointed out that the report laid before the Council did not specify the exception, or let them know the rule to which the exceptions were made.

Dr. STRUTHERS said that the granting of the memorial of the Edinburgh students who had begun their laboratory work previously to the passing of the minutes of the Council on the subject did not quite accord with his notion of what was due to the Executive Committee who drew them up.

Dr. MACALISTER showed that under Section B of the report ten diplomatates had been admitted. Were these the ten referred to in the memorial from Glasgow?

Dr. WATSON.—Fifty-five are mentioned in that memorial.

Sir W. FOSTER.—The ten might form a part of them.

Dr. MACALISTER said it might be that the committee had forestalled the Council in the consideration of that very report from Glasgow. He supported Sir John Simon in asking that the details should be submitted either confidentially or otherwise to the Council.

Dr. HERON WATSON moved: "That a report by the Executive Committee in reference to exceptions made by them in special cases in regard to the registration of diplomas in Sanitary Science be referred back to the Executive Committee for particulars of the exceptions admitted, and for report to the present meeting of the Council."

Sir WALTER FOSTER thought the Council had a right to know the grounds on which the exceptions had been made.

Dr. MACNAMARA said many grave charges had been made against the University of Glasgow, and if the report of the committee were accepted there would still remain forty-five persons who would feel themselves deeply aggrieved. He hoped they would refer it back to the Executive Committee to enable them to throw on the subject as much light as they could, and if the report came up when the memorial was under consideration, they would be in a far better position to carry out legislation upon this subject.

Dr. HAUGHTON supported the motion, so as to enable the Executive Committee to explain which of them was responsible for such a fearful word as "Diplomatate." The word looked and sounded a *monstrum horrendum*, whatever might be said as to its formation. He thought it would be discreditable to the Council to allow the word to go forth with their sanction.

Dr. HERON WATSON'S motion was agreed to, and the report referred back to the committee.

Dr. ATTHILL moved: "That the Council, considering the Conjoint Diploma in State Medicine granted by the King and Queen's College of Physicians in Ireland, and the Royal College of Surgeons in Ireland, to be deserving of recognition in the Medical Register, direct that it be added to the list of those granted under regulations in conformity with the resolutions of the Council on the subject of Sanitary Science." He said that the Colleges of Physicians and Surgeons in Ireland were desirous of raising the standard of their Sanitary diplomas to as high a point as possible, and had resolved to adopt the system of joint examination, believing that the diplomas would carry more weight than those obtained under the single examining boards. The proposal looked rather to the future than to the present, and went even further than the requirements of the Council.

Mr. MACNAMARA, in seconding the motion, mentioned that the examinations and the course of study for the Colleges of Surgeons and Physicians in Ireland, which had already been approved, were even more stringent than those formerly accepted by the Council.

Dr. MOORE called attention to the nature of the fees charged for the diplomas under the different examinations, varying from one guinea to ten guineas.

Dr. GLOVER asked whether or not it was usual to return some portion of the fees.

Dr. ATTHILL said that the fee for the diplomas of the King's Royal College of Physicians and Surgeons was forty guineas.

Dr. GLOVER.—That it is not a Sanitary diploma.

The motion was agreed to.

Dr. STRUTHERS moved that the Council receive and enter upon their minutes a communication from the University of Aberdeen regarding the Public Health qualifications of that University. In doing so he said it would be observed that the recommendation was quite of a temporary character, applying only to those who graduated before last New Year's day.

Dr. HERON WATSON asked whether medical jurisprudence was entirely excluded from the examination.

Dr. STRUTHERS could not answer Dr. Heron Watson's question regarding medical jurisprudence, which in one sense could scarcely be said to be a subject suitable for examination for a Sanitary diploma.

Dr. HERON WATSON said that medical jurisprudence was mentioned in the case of Ireland.

The PRESIDENT pointed out that it was not mentioned in all the cases, but it might be implied.

Dr. WATSON :—It is implied in other instances, if not mentioned; but in this instance it is neither implied nor mentioned.

The motion was agreed to.

The following communication from the Royal College of Physicians of London, dated March 4th, 1890, enclosing a copy of a Report of the Royal College of Physicians of London and the Royal College of Surgeons of England, dated February 11th, 1890, was then read.

"March 4th, 1890.

"MY DEAR SIR,—A report of a Joint Committee of the Royal Colleges of Physicians and Surgeons, in reference to the recent action of the General Medical Council in the matter of the Registration of Diplomas in State Medicine, was adopted at a General Meeting of this College held on the 1st instant.

"It was further resolved at the same meeting that a copy of the report be sent to the Registrar for the information of the General Medical Council.

"I beg leave therefore to enclose a copy agreeably to my instructions.

"I am, dear Sir, faithfully yours,

"EDWD. LIVEING, M.D., Registrar.

"The Registrar of the General Medical Council."

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON AND THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

REPORT.

The delegates have to report that they have carefully considered the question referred to them by the two Colleges, and they recommend that the Colleges should adopt the following resolutions, to be placed on the records as their expression of opinion with regard to the course taken by the General Medical Council on the subject of registration of diplomas in State Medicine, viz. :—

"That the Colleges have noticed the unprecedented course taken by the General Medical Council in dictating to the Licensing Bodies the conditions on which the diplomas in State Medicine are to be granted in order that they may 'deserve recognition in the Medical Register,' and having obtained from high legal authorities the opinion that the course in question is not justified by the terms of Section 21 of the Medical Act, 1886, they place on record their disapproval of the action taken by the General Medical Council."

The Colleges, however, being of opinion that there is no prospect of any opportunity arising for a repetition of the proceedings of the General Medical Council in question, and, therefore, of the present action being quoted as a precedent, and being, moreover, of opinion that the proposed conditions of study and examination are in themselves unobjectionable, consider that it is undesirable to take further action.

Feb. 11th, 1890. JONATHAN HUTCHINSON, in the chair.

Sir WALTER FOSTER thought the report was too good for the Council to lose the opportunity of recording it on their minutes and treating it permanently as a matter of history. He characterised it as a most charming example he had ever read of the dual style of correspondence. The middle paragraph, passing strictures on certain actions of the Council, contrasted strongly with the second paragraph of the report, which embodied a most delightful acceptance and recognition of everything the Council recommended.

Dr. HERON WATSON seconded the motion, and said

certain portions of the report seemed to him to be written by someone over whom the chairman had no moral control.

The Executive Committee submitted their report on the application of Mr. H. B. Allen, Professor in the University of Melbourne, for the recognition of the degrees in Medicine and Surgery of that University, and their registration in the Colonial Register under Section 13 of the Medical Act. Having considered the evidence on the subject, they passed the following resolution:—

"That the evidence afforded in the preceding statement and in the Melbourne University Calendar is such as to satisfy the Committee that the said degrees in Medicine and Surgery, taken conjointly, are a sufficient guarantee of the possession of the requisite knowledge and skill for the efficient practice of Medicine, Surgery, and Midwifery, and the Committee recommend to the Council that the holders of these conjoint degrees of the Melbourne University be registrable in the separate list of practitioners in the Colonial Register."

After a prolonged discussion it was ultimately agreed to delete the words "taken conjointly" from the foregoing resolution.

The Council then adjourned.

WEDNESDAY, MAY 28TH.

The Council had under consideration an alleged case of personation: Richard Jones Owen, registered as M.R.C.S. (1861) and L.S.A., who had been summoned to appear before the Council to answer the charge "That he wilfully procured his name to be registered in the Medical Register under the Medical Act (1858), by making or producing, or causing to be made or produced, false representations contained in an instrument in writing signed by him, dated the 2nd of March, 1887, and forwarded by him to the General Medical Council, and purporting to be an application for restoration to the Medical Register."

Sir JOHN SIMON thought it was merely a question of rectification of the Register—striking out a name that had no right to be there.

Mr. FARRER pointed out that the individual had probably assumed somebody else's name, or partly assumed it. The actual person has altogether denied his being on this Register or that he has ever applied to be restored.

Sir WALTER FOSTER pointed out that they had to deal with the inaccuracy of the Register. He thought the duty of the Council was clear. It was, if they were satisfied with the evidence, simply to tell the Registrar to remove that name and afterwards ask the solicitor to proceed against the person.

The reporters, during further deliberation of this case, were directed to withdraw, and on readmission were informed that the Council had agreed to the following motion, proposed by Sir John Simon:—"That the Solicitor to the Council be requested to bring, as promptly as he can, the facts of the above case to the knowledge of the Public Prosecutor, and to express to him the earnest hope of the Council that he will see fit to take proceedings, under Section 39 of the Medical Act (1858), in respect of the public wrong and misdemeanour which seems to the Council to have been committed."

A petition from Mr. J. F. LEESON was read for the restoration of his name to the Medical Register, supported by four testimonials, three of which are from medical practitioners in Bradford.

During the consideration of this case the reporters were asked to withdraw, and on their readmission

The PRESIDENT announced that it had been decided to postpone the further consideration of the petition until the next meeting of the Council.

The Council received the report by the Executive Committee on an appeal for restoration to the Medical Register from James McCully (formerly registered as M.R.C.S. Eng. 1864, M.D.Q.U.I. 1864), whose name and qualifications were erased on Nov. 22nd, 1887, by order of the General Council, in consequence of his having been convicted of misdemeanour, referred to the Executive Committee by the General Council in the following resolution passed on Nov. 28th, 1889: "That this case be referred to the Executive Committee for inquiry and report to the Council at its next session." The Committee reported to the General Council that James McCully had been invited to attend before the Executive Committee on Feb. 24th, 1890, but that he did not appear; and that, accordingly, they had nothing further in the shape of evidence in this case to lay before the General Council."

Sir WALTER FOSTER moved: "(*a*) That a committee be appointed to inquire into the allegations in the petition with reference to the examination for diplomas in Public Health held by the University of Glasgow in October, 1889, to take evidence and examine documents if necessary, and to report to the Council; and (*b*) That the committee consist of the following members:—Sir Dyce Duckworth, Dr. Haughton, Dr. Bruce, Mr. Brudenell Carter, Dr. Struthers." He said: This is probably the most serious matter which has been brought before the Council since I have been a member. We have in the minutes with reference to the action of one of the licensing bodies of the United Kingdom—the University of Glasgow—a memorial containing grave charges and allegations. I should be sorry to believe in the correctness of these charges, which I believe will be disproved when the statements in the memorial come to be investigated. At our proceedings yesterday this memorial was placed on the minutes of the General Medical Council, and placed there to be recorded in the future notices of the work of the Council, and it is essential therefore that an impartial committee should be selected by this Council to state how much or how little truth is contained in the memorial. The memorial asserts that in October last, within a short time after the Council had practically resolved to admit gentlemen to the Register only on certain conditions, the University of Glasgow had violated these conditions by holding an examination for which it received fifty-seven applications for the Sanitary diplomas, and at which fifty-five candidates actually received that diploma. That assertion in itself creates in my own mind an impression that these gentlemen were either exceedingly well instructed, or that the instructors were very able gentlemen who succeeded in getting the pupils through. But apart from that, it is most undesirable to have fifty-five gentlemen suddenly put upon the Register as medical officers of health in the general interests of the profession, because the demand for these gentlemen is not so great as to require that that number should be passed at a single examination, a number sufficient to supply the whole of Scotland for the next twenty years. Of course recent legislation would make medical officers of health more numerous in Scotland. The memorialists also state that the examination conducted by the authorities of the University was insufficient, and did not maintain the high character of the examinations given by other examining bodies; and lastly, we have a certain number of men placed in this position—that they have acquired the right to ask the University of Glasgow for the diploma of Public Health, and according to our rule they cannot register that qualification. I hope that the University of Glasgow will come out as having done its duty in an efficient and thorough manner, and that we may have an antidote to the statement now upon our minutes, and I think this antidote may be best obtained by an inquiry made by an impartial committee.

Dr. CAMERON, in seconding the motion, said no one would wish to prejudge the finding of this committee. He would not wish to do so, because he had a close personal and official relationship with the University of Glasgow. There could be no disguising this fact, that the matter under consideration had given rise to a considerable amount of feeling in the west of Scotland, and especially amongst the Fellows of the Faculty which he had the honour to represent. It was the only other licensing body in the west of Scotland granting sanitary qualifications. They believed that Sir Walter Foster's motion offered the best means of dealing with the question, and he had much pleasure in seconding it.

Dr. HAUGHTON rose to make a personal remark. He had learned that, without being consulted, he was to sit upon a most serious and probably prolonged committee to investigate into some very delicate matters. He did not like to find himself in such a position, and proposed that Sir Walter Foster, whose impartial mind and other qualifications eminently fitted him for acting upon this committee, should be asked to consent to do so.

Sir JOHN SIMON protested against Dr. Haughton declining to sit on this committee, as the committee would then be without a representative from Ireland, and without the services which Dr. Haughton could so ably render in the investigation. He thought the question before them could be judged on its broad features. When looking through the memorial, he found that the memorialists were somewhat archæological in the use of language when they wished the Council to "expiscate" the broad facts of the case. Evidently there were some very able Scotchmen at the framing of this memorial who preserved the Latin idiom. Although they adopted the customs and dress of

the South, this word shows that they still preserved considerable adhesion to the Latin, and have not cared to come down to the English of Cobbett and Swift. "Expiscate" would mean "to fish it out." He hoped the committee would proceed to fish out the broad facts of the case in the course of a few days. Sir John Simon mentioned incidentally that this word had not been used in English since King James I. came to England in 1603, except once by George Chapman, who, when addressing verses to Ben Jonson, spoke of his "expiscation of wisdom from the Castalian springs."

Mr. MACNAMARA proposed that the mover of the resolution should be the chairman of the committee, and hoped most heartily that in the investigation the University of Glasgow would come out well.

Dr. HERON WATSON thought it would be well if some explanation was given of the latter clause of the motion—namely, to take evidence and examine documents if necessary. If it were a Royal Commission or a Committee of the House of Commons it would be understood what was meant. What, he asked, would the committee do if they were met with the statement that it was contrary to the practice of the University to send out documents, or that unfortunately those documents had all been destroyed at the end of the examination? It was expected that the committee would be able to make its report before the conclusion of the present session of the Council, but it seemed to him that it was a much more difficult inquiry, and could not be carried out within a few days. Were they to have the gentlemen whose names were mentioned at the conclusion of the memorial, and the Professors of the University of Glasgow, and others, called up to give evidence, *viva voce*, at the expense of the Council.

Sir WILLIAM TURNER considered the point raised by Dr. Heron Watson of great importance. The investigation might turn out to be a long and elaborate inquiry, and therefore the question of expense was a serious matter. He understood that the authorities of the University of Glasgow, who had been appealed to by the President, held a meeting on the previous day, and they were now expecting their reply. He suggested, therefore, that the motion should state that the reply of the University, when received, should be considered by the committee, the functions of which, he thought, should also be specifically defined.

Sir WALTER FOSTER said he had provided for the contingency to which attention had been called by adding the words "if necessary." He thought that if the case was as grave as it looked on the face of it, the committee should have full powers to act, and that no expense or trouble should be spared, seeing that the inquiry was fraught with important results, not only to the University of Glasgow, but to the whole of the medical profession. He did not wish to shirk acting on the committee, but he was afraid that his other duties would prevent him from doing so.

Dr. GLOVER thought that the inquiry need not be an expensive one. The Glasgow University was a prosperous body, and would not grudge sending their professors to give evidence, and the professors might bring the papers with them. He apprehended that they would be only too glad to embrace the opportunity now afforded them of placing what information they possessed before the committee.

Dr. STRUTHERS thought too much had been made of this matter, and that an Executive Committee would have answered the purpose. He must say he did not like the tone of some of the language in the charge, even if the facts should be true. There was an old saying in Scotland about washing dirty linen at home which the memorialists might have remembered with advantage.

Dr. HAUGHTON moved as a formal amendment, and Dr. BRUCE seconded, "That Sir Walter Foster be appointed to act as Chairman of the Committee."

Sir WALTER FOSTER having consented, the motion was agreed to.

Correspondence, submitted by direction of the President, in regard to the Midwives' Registration Bill, was ordered to be received and placed on the minutes of the Council.

Mr. WHEELHOUSE moved that the following communication from the Royal College of Surgeons in Ireland be received and entered upon the minutes:—

Dublin, May 6th, 1890.

SIR,—I am directed by the President and Council of this College to communicate to you the following resolution adopted by them at their meeting on April 24th:

"That it is the unanimous opinion of this Council that it is the duty of the General Medical Council to ascertain whether the conditions upon which the higher registrable qualifications are granted are such as to entitle them to be entered on the Medical Register, and for that purpose to institute visitations of the several medical authorities who grant such."—Yours very truly,

A. H. JACOB, F.R.C.S.I., Secretary of Council.

To the Registrar of the General Medical Council.

It was moved by Dr. MACALISTER, seconded by Sir WILLIAM TURNER, and carried:—"That the Council, instead of proceeding to vote on the question originally proposed, do pass to the next order of the day."

Mr. MACNAMARA asked the President what powers, if any, the Council possesses in the case of medical students whose names appear in the Students' Register, and who have been convicted in a court of justice of misdemeanour.

The PRESIDENT.—I think that the Council cannot alter the list of names in the Students' Register, and therefore cannot remove the names of students who have been convicted in a court of justice of misdemeanour; but the Council would, I think, be fully justified in reporting to the licensing bodies any cases of misdemeanour on the part of registered medical students which may be reported to it.

The Council then adjourned.

THURSDAY, MAY 29TH.

On the Council meeting to-day, and the minutes being read,

Mr. MACNAMARA rose to a point of order as to the construction of the programme of to-day. He understood that he was to be allowed yesterday to substitute his question for his motion.

The PRESIDENT had been informed that the programme for to-day had been arranged on good authority.

Mr. MACNAMARA said the Business Committee had perfect authority to do anything, but they ought to respect pledges which had been given.

Mr. WHEELHOUSE replied that he had consulted the President as to whether any such pledge had been given, and whether it was necessary that the motion should take precedence, and he had been informed that Mr. Macnamara had been allowed the privilege of taking another question.

Dr. MACNAMARA said several members of the Council perfectly endorsed the understanding which he had mentioned.

Dr. QUAIN moved: "That the representation from the Financial Committee be received and adopted. He was quite prepared to offer any explanation that the Council might desire.

Sir W. TURNER remarked that the finances of the Council were in a flourishing condition. There had been a considerable decrease in expenditure and increase in receipts, and there was a very respectable balance to the credit of the Council in the year's transactions. For a number of years past they noted that the affairs in connexion with the management of the dentists had exceeded the receipts. This year the balance was on the other side. He hoped that they might succeed in putting the dental fund in an equally improved position in future years.

The motion was put, and the report received.

The next business was in connexion with the answer which had been received from the Glasgow University, which, on the motion of Sir WALTER FOSTER, was received and recorded on the minutes, as had already been done with the memorial.

The report of the Education Committee was then received, and,

On the motion of Dr. STRUTHERS, the Council resolved itself into a committee, and proceeded to discuss the recommendations of the report.

Dr. STRUTHERS said the Council were aware that for a number of years the question of improving the medical education has been before the Council, and had been remitted on several occasions to the Education Committee. They had made three separate reports previously to the report of Dr. Glover's practical Education Committee. He pointed out that there had been a want of the practical element in medical instruction of the clinical part of the education, and on the other hand complaints had been made of the deficiency of the preliminary examination. These were the two points of view from which the committee laid this report before the Council. First of all, to improve the general education, the school part and the preliminary scientific part, to which they also attached importance, and then afterwards the final and clinical part. He might mention that the report had engaged the atten-

tion of the committee for some time, and the labour had been considerable. Before the Council broke up last year it met and consulted, and the draft report, embodying their views, was sent to the different members. That report had not been considered yet by the Council. That report and the consideration of it had now to be taken up along with the report to be laid before the Council to-day. The report embodied a series of recommendations in regard to preliminary examinations and general education, and next in regard to the professional examination and education. He thought that nearly the whole thing hinged on the question of the five years' curriculum. There had long been a demand for this additional year of study. The motion of the committee was to settle this question. The methods of education changed with the times. He did not think the time of the Council would be wasted in discussing the recommendations now proposed. The Council was the body to lay down the law on the subject. They were the holders of the interests of the public and not of the various licensed bodies or Universities. He then moved: "That the course of professional study after registration occupy at least five years, on condition that the fifth year shall be devoted entirely to clinical work as subsequently defined."

Mr. MITCHELL BANKS seconded the motion. He regarded it as the most serious question that had come before the Council, and one which would attract to it the attention of all their professional brethren. It must be remembered that things had been gradually working up to the present condition for a good many years. They might anticipate many objections which would no doubt occur to some minds against the extension. It might be said that the additional time and expense would hinder the student's career, and would practically cut off the access to their profession of a very large number of persons who would otherwise be a useful adjunct to it. To that he would reply that the people of this country were not in want of more doctors—possibly the reverse. In plain English, the medical profession, like most others at the present time, was very much overstocked. It might be that competition in merchandise was a good thing, but he was perfectly convinced that cheap medicine was one of the greatest evils that could exist. That such was the case was demonstrated by the fact that in the great towns of England could be seen springing up all sorts of miserable dispensaries and pettifogging practitioners of every kind in the shape of cheap and very nasty medicine. It might be said that a grievous injustice would be done to poor students who had the ability to complete their course of professional study in four years, and were, perhaps, unable to devote an additional year to clinical work. But it must be borne in mind that in doing any great public good it was not possible to avoid doing some harm, and, perhaps, a few instances might arise here and there where the progress of the poor student might be interfered with. It was very questionable, however, whether students who were poor would not succeed better in life by turning their attention to a career in which they would have a more easy and rapid chance of getting on.

Sir JOHN BANKS supported the motion, and pointed out that in various continental countries the time in which students were required to study was much longer than in England. In Sweden, where medical practitioners stood higher than in any other country, the time was ten years; in Russia it lasted five years; in Turkey, six years; Italy, six years; while we hitherto had required but four years. In his opinion four years, with the advances in medical science, was not enough. With regard to the remark of Mr. Mitchell Banks in reference to poor students being injured, he pointed out that in some countries no one is allowed to study for the profession unless he could prove the possession of a certain amount of means. They were not legislating for extraordinary ability; they were legislating for medical students at large. They knew that men rarely went in for the examination under five years. In a work of great research, which contained everything in respect of the profession on the Continent, the author strongly advocated the extension of the curriculum. He approved the extension, and it was a great satisfaction to him to find them now considering a question which he advocated some years before without support.

Mr. WHEELHOUSE said that at the time he entered the profession he was called upon to spend eight years in his medical curriculum. He had in the first instance to pass through an apprenticeship of five years, during which time he was supposed to have gained a solid groundwork of knowledge which he believed could not have been secured in any other way. That five years has been reduced to three, but was afterwards increased to four years. The scope of medical science, however, had widened rapidly, and the requirements of examining bodies had also increased in late years, so that it was simply impossible for any student during a course of three or four years to acquire the knowledge necessary to enable him—he would not say to pass his examination—but to acquire the necessary information to enable him to practise his profession with safety to the public, with credit to himself, and with advantage to those who entrusted themselves to his care.

Dr. ATTHILL quite coincided with the views expressed, but pointed out the importance of providing certain safeguards by compelling the students to attend the course of professional study regularly. Otherwise they might lapse into habits of idleness.

Sir JOHN SIMON ventured to suggest that the Colleges had misunderstood the position of the Council. With regard to the course of study to be given to persons desirous of entering the medical profession, the Council ought to ascertain that the various persons possessed the requisite knowledge and skill for entering the profession. He suggested that this Council would in the future deem it necessary that the course of medical study should amount to not less than five years suitably employed, and that irrespectively of the final or qualifying examination.

Sir WM. TURNER said that as Scotch medical students might possibly very shortly be required to give a year's study to physics, chemistry, and biology, he would make it a condition of his supporting the motion that this year given by the Scotch students should be included in the five years.

Dr. STRUTHERS pointed out that that was provided for.

Sir WALTER FOSTER could conceive that it would be very desirable in our profession, as in the various branches of law, that encouragement should be given to graduation in arts. In both branches of the legal profession a man having a degree of Oxford or Cambridge is allowed to have one year taken off as a period of study. He proposed that the idea should be recognised by the Council. He did not think any man could become a thoroughly good practitioner under five years. The policy of the Council in regulating curricula had been a wrong policy. He believed that it should be rather their policy to see that a man who passed had a good knowledge of the profession. How they got that knowledge did not concern them. The knowledge ought to be tested by the efficiency of the methods of the examination. Certainly the policy of the Council had a very protective influence over the licensing bodies. Education could not be efficient so long as different bodies were in competition with one another. This policy had the effect of bolstering up these monopolies, which were at the bottom of all their difficulties. He would have the students registered by this Council in divisions, so that no one could pass from one division to another until evidence had been given that he had passed a corresponding examination. They had been year after year making requirements for entering the profession higher, and with what result? They had only to go into any of the large towns in the kingdom at the present time to see that we have a condition of practice which is a great disgrace to the profession. At the present time they had medical men taking smaller fees than were taken twenty-five years ago.

Dr. HERON WATSON thought it was of infinite importance that a thoroughly liberal education should be afforded to every man about to enter the medical profession, but considered that it might be carried by extreme measures too far.

Dr. STRUTHERS then moved—"That four of the five years should be passed at a school or schools of medicine recognised by any of the licensing bodies mentioned in Schedule A of the Medical Act (1858)."

Mr. WHEELHOUSE seconded.

Dr. HERON WATSON did not want this committee to be squeezed into making regulations which were susceptible of being misunderstood. He thought it was absolutely essential that the chairman of the committee should reconsider the matter and give it to them in such a form as would enable them to adopt it.

Dr. MACALISTER thought that it would be better to keep the calendar years, and not to divide them into winter and summer sessions.

Mr. MACNAMARA thought it would be a very unfortunate thing in Ireland if the time was to be planned in that fashion.

After further discussion the amendment was lost.

Dr. KIDD moved and Dr. GLOVER seconded the following amendment:—"That the words 'four of the five years' be omitted, and the words 'at least four winter and three summer sessions' be inserted, as in the recommendation of the Council in May, 1885."

Dr. KIDD said it should be properly understood what was meant by a school. In London, hospitals and schools were synonymous terms. Therefore in speaking of a school it did not mean a place for courses of lectures. The resolution of the Council passed previously did not include the word "medicine."

The original motion was withdrawn in favour of the following amendment, moved by Sir DYCE DUCKWORTH:—"The first four of the five years should be passed at a school, or schools, of medicine, recognised by any of the licensing bodies mentioned in Schedule A of the Medical Act of 1858, provided that the first year may be passed at a university or teaching institution recognised by any of the licensing bodies where the subjects of physics, chemistry, and biology are taught."

The amendment was ultimately carried as a substantive motion.

HYPNOTISM AS A THERAPEUTIC AGENT.

DR. GLOVER presided at a meeting of the Islington Medical Society, held at his residence, Highbury-place, N., on Tuesday, May 27th, when Mr. Pridgin Teale of Leeds gave a short *résumé* of observations which he had made at the recent demonstration which was given at Leeds on Hypnotism as a Therapeutic Agent. Dr. Glover, by way of introducing the subject, said they would consider that night: 1. What is the proof of anæsthesia in hypnotism which can be relied upon for grave surgical operations? 2. What proportion of persons are so constituted as to be receptive of this surgical degree of hypnotism? 3. What is the physiological and moral effect of hypnotism on the persons on whom it is induced? 4. What are the duties of medical men with regard to the practice of hypnotism as an anæsthetic and as an amusement? Dr. Glover said they could not shut out from their observation the public use that was being made of this phenomenon, whatever view they might take of it.

Mr. TEALE said that he felt it a great pleasure to be present on the present occasion. He had almost against his own intentions become responsible for the question of hypnotism having received a very prominent consideration lately, because some remarks that he had made at the Leeds demonstration were made, he not knowing that they would be reported. The report that was given of them was not quite correct. He did not know that he had said anything very different from what was reported, but the impression given by the report was that of rather too much unqualified assent to it. He then proceeded to give his ideas on the subject. He was very much struck with the clear facts, which he could not ignore, and it was for the profession to ascertain and verify for itself these facts. He stated the facts, which have already been reported in THE LANCET of April 5th, 1890, which, however, he very much amplified and enlivened. Mr. Teale thought that an important aspect of the study of the question was the probability of throwing some light on the question of functional diseases of the brain allied to hysteria, and he hoped that the subject would be properly investigated, and not allowed to die out without due inquiry, experiment, and investigation.

Numerous interesting questions were then put to Mr. Teale, with a view of eliciting information on the mental condition of the operator and of those operated upon.

Sir ANDREW CLARK asked a question in reference to the preparation which hypnotised patients undergo, and whether the patients were required to fix their eyes or attention on any particular object before being influenced.

Mr. TEALE replied that all those patients were prepared. He did not know in what the preparation consisted.

Mr. WAKLEY, junior, asked whether Dr. Bramwell professed to put anyone under the influence of hypnotism without respect of neurotic diathesis.

Mr. TEALE replied that Dr. Bramwell stated that in the case of one person whom he attempted to put under the influence at least an hour was occupied in the attempt to get the subject under influence; but he also stated distinctly that nobody could be placed under the influence without exercising his own will, and, as he understood him, the operation could not be repeated without the exercise of that will.

Mr. WHEELHOUSE of Leeds recapitulated his experience of hypnotism which occurred wellnigh fifty years ago in connexion with Dr. Elliotson and others. He detailed in an interesting manner what had been done at that period. In the year 1842 he saw in a cottage hospital a patient with a diseased knee which had been condemned for amputation; but the man was not able to bear the suffering or distress which would be occasioned by such an operation. This fact became known to the then Lady Mary Bentinck, one of the daughters of the late Duke of Portland. She mentioned to the patient that she could put him in the way of having the limb removed without any pain, and introduced him to Mr. Topping, who mesmerised him, depriving him apparently of all sensation, and enabling the surgeons to remove his limb without the slightest expression of anything that could indicate even the approach of pain. He mentioned that many cases of "fits" at first seemed to be improved by the hypnotic influence which he himself had exercised over patients, but the ultimate effect of the treatment was to increase their frequency. He had frequently submitted himself to Dr. Elliotson, Dr. Cartwright, and other great mesmerists of that day, with the most earnest intention of being influenced if possible, but without the slightest effect. In the course of his speech he said it became a matter for consideration whether a person of feeble nervous system or of neurotic condition of system could be so influenced as to render the brain incapable of resisting certain prolonged effects whether of vision or otherwise. It seemed to him that if persons were exercising what he called a very dangerous power, they should be placed under legal restraint and legal observation. He knew that during the sleep certain things might be done apparently without the person knowing anything at all about it; but if he was to rely upon that as a surgeon, and so find one person in a thousand who could be hypnotised, he thought no comparison could be instituted between the relative value of chloroform or ether and hypnotism as an anæsthetic agent; and he trusted that hypnotism would cease to be thought of in that connexion, and that the reliable and true anæsthetics would always be used in its place.

Dr. ROLLESTON gave an account of what he had observed in Nancy, a school antagonistic to the Salpétrière Hospital. Liébault, he said, had practised hypnotism for twenty-five years in a large general practice, using it as a means of treatment almost to the entire exclusion of other drugs. His patients did not regard hypnotism with any wonder. Bernheim used this agent just as he would use any other medical agent, and took a more critical view of hypnotism as a remedy than Liébault, and approached the subject in an extremely honest frame of mind. Dr. Rolleston pointed out that French subjects seemed to be more susceptible to the influence than English, and that functional disorders seemed to be treated with more success than disorders of other kinds. He thought that Mr. Wheelhouse had not quite given its true value as a curative agent. He had no doubt that it had a great effect in the education of vicious children. He knew of cases where dipsomania had actually been cured, and he mentioned one case of three years' duration in which there had been no relapse.

Dr. MYERS reviewed the history of hypnotism, the progress which had been made in investigating the subject, and the extent to which the influence had been applied in medical and surgical science both in this country and in all the countries of Europe. The results in England were few, and he thought it had been justly said that the English were more difficult to hypnotise than the French, Belgians, or Spaniards, who yielded pretty easily to the influence. He mentioned that by many hypnotists it was held to be useful in many diseases—for instance, in pneumonia.

Dr. GLOVER.—How was it supposed to be useful in pneumonia?

Dr MYERS.—In giving rest and sleep.

DR. GLOVER.—Did it affect the temperature?

DR. MYERS.—No, not that I know of.

Sir ANDREW CLARK said: I sometimes think that not a bad definition of quackery would be "a gross distortion or perversion of a partial sight of truth." If it is not presumption, I should like almost to say the same thing about this subject. It seems to me the greatest distortion of the partial sight of truth. I have not had the advantage enjoyed by the last two speakers—of watching any cases, or of any extended inquiry here, though I have some knowledge of the subject. Therefore, I am placed at a great disadvantage, and I have to interpret what I have read, and a good deal of what I have seen, modified by my general experience in the practice of medicine. The first thing that strikes me about this is the confidence with which Dr. Myers has told us that this subject has taken such general root, and has been proved beyond dispute to be so successful that it cannot drop. But I have one advantage at least over Dr. Myers, and that is, that I am a good deal older, and I am old enough to remember not only that this was said in the times of mesmerism, but that a great deal more was said, and even to the extent that those who refused to follow were not unfrequently looked upon as acting criminally. And yet what happened to mesmerism as it was then called? Practically it fell into desuetude fifteen years ago. Except in distant corners such a thing is scarcely ever heard of. I am speaking just now of England. Twenty-five years ago it was practically in abeyance here. Now, from some researches which have been conducted at Nancy, and stimulated by the opposition of the Salpêtrière School, we have the subject once more brought before us, and we are told of the advent of a great important practical truth. Once more we are told that now at least hypnotism has established itself for all good. I have no hesitation in prophesying that before twenty-five years have passed it will be in the same position that it was twenty-five years ago. Now, the first thing is the physiological truth contained in this subject. If we examine it at its foundation, we see in the physiological constitution of men and in the relation of what we call Will to the body the groundwork of many of the phenomena of which we have heard to-night. The communication of the Will with the body does bring about wonderful changes therein, and, independently of Will so called, there is the exercise of attention, there is the exercise of expectation, and there is the exercise, which may combine both these in a remarkable degree, of concentration; and we know that without the introduction of any foreign agency—that is to say, the agency of any other person whatever,—attention, expectation, and concentration of will coöperating together bring about most remarkable results in the human body. There are many homely illustrations of this fact. You have got a racking headache, and suddenly someone is announced to you that you did not expect, and somebody comes into your presence whom you do not care to see, and your headache is perfectly gone, and probably it will remain absent until the person goes away. This is a common experience. Or you have a nervous patient with confined bowels, if I may be pardoned for using such an illustration. The patient has been racked with aperients; the mucous membrane has got into a state of chronic irritation. Perhaps you may give your patient a bread pill, and by means of suggestion you can so influence the mind that the bread pill will be certain to succeed in eight cases out of ten. Here, then, is the groundwork for a great many of these phenomena. I have been myself so interested in looking at a microscopic object that people have come into my room and spoken to me, and I have not heard or seen them. Looking at these physiological conditions, a great many such things can be brought about which are described as being brought about by the agency of another person. What is the relative degree of frequency with which such agencies can be made successful? I think I am correct in stating that they are found in the inverse proportion to the development of the higher ganglia. People whose higher ganglia are highly developed are scarcely susceptible to the influence, while those whose lower ganglia are highly developed are extremely capable of being influenced by it. They are influenced by it in the inverse order of their intellectual faculties, and in the direct order of the automatic activities of the brain, and hence it is that we discover the range within which such phenomena are capable of being seen and produced, is practically what is called the neurotic range. You all know what that means. It includes people whose nervous systems are movable, excitable, sensitive, irritable, explosive; all such people are capable of manifesting phenomena which are brought about by attention, expectation, and concentration; and we furthermore find a very remarkable addition to these facts, and it lies in this, that all these phenomena occur in people with a lowly developed nervous system, and which is to a great extent automatic, and is manifestly enforced by emotion. Now I venture to say that nearly all the phenomena of which I have heard to-night, or have read about, and all the phenomena which I have seen—but my experience has not been very large—are capable of explanation upon these simple physiological grounds, without the introduction of any person who exercises in any way a very mysterious power. My own impression is that the influence is entirely of a subjective character, and is not objective at all. I think influences from without must be separated into (1) impersonal, and (2) personal. There is an impersonal influence which disposes of the whole of the organism in this condition to develop symptoms, under expectation, attention, &c. It is, that if you place the organism in any particular position and concentrate its attention by virtue of a particular organ upon a particular thing you bring about a series of physiological conditions which dispose the patient to two things: the first is a kind of sleep, a sleep which is not natural, a sleep which must be distinguished from natural by this constitution—natural sleep constitutes immediate relationship to environment and consciousness—and what I shall permit myself for the moment to call hypnotic sleep, which has its relationship with the consciousness of a person almost completely shut off for a time. But there is a little channel left open through which it preserves a certain dim and small relationship to the external world; and here comes in the personal element that through this narrow channel which is left some person outside may possibly call up the slumbering activities of the brain by the influence of sound, or voice, or manner, or something else. But there is this point about it that, if that be so, how then does it come about that every doctor cannot go and hypnotise these people? And here I see what seems to me the greatest of all perils with which this question is surrounded; it does not look natural, legitimate, or proper when you hear of any particular person possessing a power which cannot be taught or communicated, and which resides in that particular person. I fear that, under such circumstances, there is less of the personality than appears on the surface, and that the power has much more of affectation than of reality of power. But be that as it may, the impression left upon my mind—and that is all I venture to inflict upon you—is, firstly, that in my own experience—and I must set aside a great deal of the evidence which is given in books and conversation with persons—I refer the phenomena to simple physiological conditions capable of explanation entirely without the introduction of another person with mysterious power; the second thing I believe is that the range of application in this matter is confined to neurotic people, and is capable of influencing essentially hysterical functional conditions; thirdly,—I say it with great confidence—that the habitual practice of what is called hypnotism upon women is gravely injurious, both morally and intellectually; and the last thing I have to say is that I do not believe for a moment that any power such as that alleged to be possessed by any particular person out of our profession is a genuine power which can ever be widely used for the benefit of mankind under any conditions which it would be desirable for us to adopt.

Dr. STOKES of Islington, in moving a vote of thanks to Mr. Teale, said the question before them was of grave importance, and medical men would have to consider the attitude they were to take up in the matter. Were they to accept this power as a great boon or to denounce it as a danger and a snare? It seemed to him that the only grounds on which it had been proposed to justify it was that it formed an improvement on chloroform. If there was any truth in what they had heard that evening, it behoved them to press the matter upon the profession, and to say, on the one hand, whether as a great boon it should be thoroughly strengthened and received as such, or whether a danger and a snare was to be thoroughly removed.

Dr. CRIBB, in seconding the vote of thanks, hoped that the absolute results of the cases would before long be set forth before all men.

Sir ANDREW CLARK said they ought not to be guided by the immediate statistical results in such cases, because

people who went to quacks always came away saying they were well. Anxious as he was for truth, and quite believing that there might be good in hypnotism, he should not accept statistics given upon such basis.

The usual complimentary votes brought the meeting to a close.

ROYAL MEDICAL BENEVOLENT COLLEGE.

THE thirty-seventh annual general meeting of the governors of this institution took place, as we briefly intimated last week, on Thursday, May 22nd. The treasurer, Dr. Holman, presided. The report of the Council was presented, embodying the deep sense of the loss the College had sustained by the death of the chairman of the Committees, Mr George Jonson, and thanking Sir James Paget and the Editors of THE LANCET for the influence which they had exerted with such good results on behalf of the College. The Council had great pleasure in reporting the gift of their esteemed colleague, John F. France, Esq., of a sixth presentation to the school of St. Anne's Society, and expressed their high appreciation of the generosity manifested by his repeated gifts.

Dr. HOLMAN, in moving the adoption of the report and its circulation among the governors, pointed out that the school was doing exceedingly well, and said that both Dr. Broadbent and himself were seeking some means of raising a lasting monument to the memory of the late George Jonson. Referring to the investment of the funds, he said that they desired, while not interfering with the security of the trust funds, to have more scope for their investment. After recalling the liberality of Mr. France, the Chairman referred to the late festival, which he characterised as a successful one both financially and as having brought a considerable number of supporters to the College from all parts of England. He referred to the proposal which he threw out at that dinner of raising a fund for providing that the pensioners should live among their friends as having been now endorsed by the Council as a wise one, and having likewise been well received by the press. The sum required for that object was £50,000. It seemed a large sum, but he did not see why it should not be raised. He thought some plan should be concerted of appealing not only to the members of the profession, but also to the public for their support. He urged this on the ground that although the leaders of the medical profession were fairly well paid and had little to complain of, the incomes made by the rank and file, and especially by the country practitioners, were totally disproportionate to the services rendered to the public. He thought there was a large margin of the public who ought to support an institution for the benefit of those who were so good to them. No profession dealt out such large-handed charity as the profession of medicine, or dealt so liberally with the great mass of the public. The members of this profession were short-lived, and their absolute necessary expenditure incident to maintaining the social status amounted to about one-third of their gross income. He doubted whether any other profession, trade, or business, had so large an amount of actual necessary expenditure. At the same time he hoped the members of that profession would do all they could to help forward the work of Epsom College. He asked them to recall the kind offer made by the Editors of THE LANCET, and he thought if they only put their shoulders to the wheel they would be able to help the Council, who were most eagerly desirous to earn that offer, and make Mr. Wakley fork up.

The report was adopted.

Mr. WAKLEY moved the reappointment of the retiring members of the Council, in doing which he expressed himself delighted to find, after a prolonged absence on his part, such a splendid meeting, and desired to echo the words of the treasurer that they should all put their shoulders to the wheel. Speaking as one of the Editors of THE LANCET, he would be delighted to fulfil his part of the bargain, and to use all the powers at his disposal to further the interests of the College. He believed there was no new member present who could ever have done the work connected with the College so well as those whose term of office had now expired, and of course they would re-elect them. Referring to Mr. France, he thought such splendid work as he had done on behalf of the College would never be forgotton in its annals, and it ought to be an example for them to imitate.

Surgeon-Major TATHAM seconded the motion, which was adopted.

After transacting some technical business, Sir EDWARD SIEVEKING moved a vote of thanks to the chairman, and said that in the treasurer they had complete and entire confidence, and they could not forget the kindness of heart which he brought to every work he undertook.

The CHAIRMAN briefly replied, thanking the meeting for their vote of confidence.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Kettering Urban District.—Kettering was, according to Mr. J. W. Dryland, almost without sanitary history during 1889, and in so far it was fortunate. The result was a low death-rate of 12 per 1000 in a population of 18,500, and an almost entire absence of dangerous infectious disease. There is a sanitary hospital which was successfully in use during the year, and new by-laws are being prepared. The former deficiency of water no longer obtains, and the system of sewers has been improved. Kettering has not always been thus fortunate, and it is to be hoped that the increased sanitary activity which the circumstances of the past has secured will be maintained, and that the healthiness of the town will go on increasing year by year. The record of work by the sanitary inspector leaves but little, if anything, to be desired.

Balsall Heath Urban District.—During 1889 the birth- and death-rates per 1000 living were 32 and 16 respectively, the mortality under one year being at the rate of 134 per 1000 registered births. According to Dr. Leslie Phillips, zymotic diseases were very prevalent, but the type being mild, the rate per 1000 from these deaths did not exceed 1·8, the main causes of death being measles, whooping-cough, and diarrhœa. Allied to this class of disease were 4 cases of what Dr. Phillips terms typhoid-pneumonia; they all terminated fatally on the fifteenth day of the disease; the history of the cases pointed to infection, and in one case in which a necropsy was made no characteristics of enteric fever were discovered. The cases in several respects resemble Dr. Ballard's infectious pneumonia attacks observed in Middlesbrough and the neighbourhood. Besides 4 deaths from diphtheria there were 7 from croup, but it is not stated whether the two affections were allied. Apart from a summary of work by the inspector of nuisances, there is not much to show the extent of sanitary progress made, nor the action taken on advice given, the report being largely taken up with occurrences of disease.

Withington Urban District.—In this district Dr. Railton gives the death-rate for last year as 13·2 per 1000 and the birth-rate as 22·7. The infantile mortality, though not excessive when calculated on the births, is regarded as too high, the method of feeding adopted being largely held responsible for it. Occurrences of zymotic disease are dealt with at some length, but their causes cannot always be explained in a manner that affords a satisfactory suggestion as to remedy. This is the case as regards fourteen diphtheria deaths, a disease which presents many points that are obscure in regard to its etiology. Under the heading of inquiries by the medical officer of health we are told that the number of houses inspected is increasing year by year, a method of procedure that tends largely to the removal of conditions that would otherwise become causes of preventable disease. There is also a satisfactory summary of work carried out by the sanitary committee of the authority, and the question of milkshops and dairies appears to receive the attention which this matter demands.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns 5574 births and 3457 deaths were registered during the week ending May 24th. The annual rate of mortality in these towns,

which had been 19·2 and 19·9 per 1000 in the preceding two weeks, declined again last week to 18·6; the rate was 17·1 in London and 19·8 in the twenty-seven provincial towns. During the first eight weeks of the current quarter the death-rate in the twenty-eight towns averaged 20·0 per 1000, and was 0·9 below the mean rate in the corresponding periods of the ten years 1880–89. The lowest rates in these towns last week were 9·4 in Huddersfield, 14·6 in Bristol and in Portsmouth, and 15·0 in Wolverhampton. The rates in the other towns ranged upwards to 24·2 in Halifax, 24·8 in Derby, 26·7 in Sunderland, and 28·0 in Manchester. The deaths referred to the principal zymotic diseases, which had been 403 and 467 in the preceding two weeks, declined again last week to 432; they included 143 from measles, 142 from whooping-cough, 51 from scarlet fever, 38 from diphtheria, 33 from diarrhœa, 23 from "fever" (principally enteric), and 2 from small-pox. The lowest death-rates from these diseases were recorded in Nottingham, Bradford, and Huddersfield, and the highest rates in Salford, Cardiff, Liverpool, and Derby. The greatest mortality from whooping-cough occurred in London, Norwich, Oldham, Salford, Bolton, and Derby; from "fever" in Birkenhead, and from measles in London, Liverpool, and Derby. The mortality from scarlet fever showed no excess in any of the large towns. The 38 deaths from diphtheria in the twenty-eight towns included 24 in London, 4 in Salford, 3 in Liverpool, and 2 in Manchester. Five cases of small-pox were under treatment in the Metropolitan Asylum Hospitals at the end of the week, and not one in the Highgate Small-pox Hospital. The number of scarlet fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital was 1067 at the end of last week, against 1087 and 1102 on the preceding two Saturdays; the new cases admitted during the week were 106, against 131 in each of the previous two weeks. The deaths referred to diseases of the respiratory organs in London, which had declined from 384 to 300 in the preceding six weeks, further declined to 294 last week, and were 19 above the corrected average. The causes of 60, or 1·7 per cent., of the deaths in the twenty-eight towns were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Brighton, Portsmouth, Norwich, Derby, Blackburn, and Cardiff. The largest proportions of uncertified deaths were recorded in Birmingham, Liverpool, and Preston.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had declined from 26·9 to 20·6 per 1000 in the preceding three weeks, rose again to 22·4 in the week ending May 24th, and exceeded by 3·8 that which prevailed during the same week in the twenty-eight English towns. The rates in the eight Scotch towns ranged from 17·6 in Edinburgh and 19·2 in Leith to 24·0 in Glasgow and Aberdeen and 27·2 in Dundee. The 580 deaths in the eight towns exceeded by 46 the number in the previous week, and included 50 which were referred to measles, 42 to whooping-cough, 13 to diarrhœa, 8 to diphtheria, 3 to scarlet fever, 2 to "fever," and not one to small-pox. In all, 118 deaths resulted from these principal zymotic diseases, against 118 and 76 in the preceding two weeks. These deaths were equal to an annual rate of 4·6 per 1000, and exceeded by 2·3 the mean rate last week from the same diseases in the twenty-eight English towns. The highest death-rates from these diseases were 5·5 in Aberdeen and 8·4 in Dundee. The fatal cases of measles, which had been 46 and 32 in the preceding two weeks, rose again to 50 last week, of which 20 occurred in Dundee, 18 in Glasgow, and 8 in Edinburgh. The 42 deaths referred to whooping-cough exceeded by 19 the number in the previous week, and included 19 in Glasgow, 8 in Aberdeen, and 7 in Edinburgh. The fatal cases of diphtheria, which had been 3 and 4 in the preceding two weeks, further increased last week to 8, of which 3 occurred in Aberdeen, 2 in Glasgow, and 2 in Dundee. The 3 deaths from scarlet fever showed a further decline from those recorded in recent weeks, and included 2 in Edinburgh. The deaths referred to diseases of the respiratory organs in the eight towns, which had declined in the preceding three weeks from 159 to 108, rose again to 120 last week, and exceeded by 13 the number in the corresponding week of last year. The causes of 43, or nearly 8 per cent., of the deaths in the eight towns were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had declined from 25·4 to 22·5 per 1000 in the preceding three weeks, rose again to 23·9 during the week ending May 24th. During the first eight weeks of the current quarter the death-rate in the city averaged 24·4 per 1000, the rate for the same period being 17·9 in London and 20·5 in Edinburgh. The 162 deaths in Dublin last week showed an increase of 10 upon the number in the previous week; they included 4 which were referred to whooping-cough, 4 to "fever," and not one either to small-pox, measles, scarlet fever, diphtheria, or diarrhœa. Thus the deaths from the principal zymotic diseases, which had been 10 and 12 in the preceding two weeks, declined to 8 last week; they were equal to an annual rate of 1·2 per 1000, the rate from the same diseases being 17·1 in London and 17·7 in Edinburgh. The fatal cases of whooping-cough, which had been 3 and 2 in the previous two weeks, rose again to 4 last week. The deaths referred to different forms of "fever," which had been 3 and 4 in the preceding two weeks, were again 4 last week. The deaths both of infants and of elderly persons exceeded the numbers returned in any recent week. Five inquest cases and 1 death from violence were registered during the week; and 47, or more than a fourth, of the deaths occurred in public institutions. The causes of 14, or nearly 9 per cent., of the deaths in the city were not certified.

THE SERVICES.

ADMIRALTY.—The following appointments have been made:—Staff Surgeon Robert W. Biddulph to the *Assistance*, temporarily (dated May 29th, 1890); Staff Surgeon Samuel Keays to the *Bullfrog* (dated May 31st, 1890); Surgeons Edward J. Biden to Cape of Good Hope Hospital, Michael O'Brien to the *Pheasant*, and Edward H. Meaden to the *Triumph* (all dated May 24th, 1890).

VOLUNTEER CORPS.—*Artillery:* 9th Lancashire: Acting Surgeon J. J. Neville resigns his appointment (dated May 24th, 1890).—2nd Devonshire (Western Division, Royal Artillery): Acting Surgeon E. H. Edlin resigns his appointment (dated May 24th, 1890).—*Rifle:* 2nd Volunteer Battalion, the Prince Albert's (Somersetshire Light Infantry): Thomas Lowe Laxton, Gent., to be Acting Surgeon (dated May 24th, 1890).—13th Middlesex (Queen's Westminster): Arthur Jas. Macdonald Bentley, M.D., to be Acting Surgeon (dated May 24th, 1890).

Correspondence.

"Audi alteram partem."

THE MIDWIVES' REGISTRATION BILL.

To the Editors of THE LANCET.

SIRS,—Permit me to offer a few remarks in reply to Dr. Rentoul's letter on the Midwives' Registration Bill. First, as to the necessity for such a Bill. Surely it cannot be disputed not only that there must be midwives, but that grievous harm and manifold evils arise from employment by the wives of the poor of women calling themselves midwives, but who possess no tested knowledge of midwifery. That this is the professional view of the matter may, I conceive, be gathered from the fact that for the last twenty years the Council of the Obstetrical Society of London have at various times made attempts to bring about legislation on the subject. Successive presidents in their annual addresses have lamented the inability of the Society to secure the needed legislation. Further, it can hardly be unknown that for the last ten years this Society, finding it impossible to procure legislative action, have taken upon themselves to examine candidate midwives. The Society has tested by examination and certificated between 700 and 800 midwives. So far as I am aware there has been no expression of opinion on the part of the profession adverse to the action of the Obstetrical Society in instituting this examination. It has been computed that there are over 10,000 midwives practising in England and Wales. It is, I believe, the fact that more than two-thirds of the labours which occur are attended by midwives. No doubt it would be better if all labours could be attended by fully qualified medical practitioners.

That is simply impossible. The women of the poorer classes would almost always, according to my experience, prefer a doctor to a midwife; but the very poor cannot afford the smallest fee a doctor would be willing to accept.

With reference to the Bill itself, Dr. Rentoul urges many objections. The chief of these objections I propose to consider. Dr. Rentoul's fear that if the Bill is passed this will be the narrow end of the wedge which is finally to dismiss all medical men from midwifery is not well founded, and its expression mischievous in the extreme. On the contrary, it may be expected that the properly instructed midwife would be infinitely more likely to realise the existence of danger, and promptly call in a superior practitioner. This would surely increase the occasions for professional employment to the gain of all parties concerned. Not the least of the gains would be the saving of life. Dr. Rentoul asks why should not men as well as women be allowed to become midwives? In point of fact there is nothing in the Bill to prevent any man or any woman acting as a midwife. The Bill is simply a machine for separating women who attend midwifery cases into two classes, "tested" and "untested." There is nothing to prevent any woman from calling in the one of the two she prefers to employ. There is no penalty imposed on any woman for *acting* as a midwife; the only penalty is for representing herself as registered when such is not the case. There are many who go further than this, and who think that there should be a penalty for the assumption of the title "midwife" unless registered, and in your editorial remarks[1] you take, I am happy to see, this view of the case. Dr. Rentoul is in error in stating that the Bill "allows any woman who, at the passing of the Act, can get a certificate from two doctors" to "be put on the Midwives' Register." Permission is so given *only* to those who have for twelve months previously to the passing of the Act practised as midwives in England or Wales. Another important error of Dr. Rentoul's is contained in the following sentence: "There is little doubt that if midwifery fell back into the keeping of midwives who have attended twenty-five cases of labour the terrible mortality of former times would soon reappear." This statement is entirely misleading. The attendance on twenty-five cases is "at the discretion" of the Board of Registrations to be accepted as tutelage. This does not dispense with the candidate having to pass the examination in order to be entitled to registration. As regards the question of duration of pupilage, no doubt a long pupilage in a well-conducted lying-in institution is very desirable, but it would be impossible to enforce this in many cases. Dr. Rentoul asks why three months' pupilage suffices for educating a midwife, while four years is thought necessary for a practitioner? The answer is, that the midwife is expected to possess only such knowledge as will enable her to deal with natural labour, while the medical practitioner is expected to be provided with full and extended knowledge of medicine and surgery as well as midwifery, and that his superior knowledge of the two former subjects enables him more successfully to deal with emergencies of midwifery practice. Dr. Rentoul thinks the Bill should have defined the phrase "any condition" requiring the assistance of a practitioner. This definition is no doubt necessary, and will have to be taught, but it would be out of place to attempt it in an Act of Parliament.

That the supervision of midwives should be provided by the General Medical Council is the opinion of many, but I believe the Council have expressed their inability to do more than visit the examinations. The words "any midwifery operation" in Clause 5, line 38, are possibly open to misconception. The word "operation" here means, as I read it, "delivery," but it may well be omitted altogether. The Bill has been backed by two well-known members of the profession who are in Parliament, Sir Walter Foster and Dr. Farquharson. The Council of the Obstetrical Society has taken part in its preparation. The Midwives' Institute (which comprises, it may be remarked, a large number of practising midwives, certificated by the Obstetrical Society) has done good service in arousing public attention to the subject, and the Bill has been warmly supported by a number of ladies who are desirous of helping members of their sex in a much-needed way. It is to be hoped that Dr. Rentoul will yet lend his valuable aid in furthering legislation on the subject.

I am, Sirs, yours faithfully,

May 26th, 1890. GRAILY HEWITT.

[1] THE LANCET, May 24th, p. 1131.

MORTALITY OF VAGINAL HYSTERECTOMY.

To the Editors of THE LANCET.

SIRS,—Dr. Lewers's recollection of what he said during the Hysterectomy discussion does not exactly correspond with mine, but this is a minor matter and not worth entering upon. The important point on which we differ is as to the comparative mortality of supra-vaginal amputation of the cervix and total extirpation. Dr. Lewers put the figures as 0 per cent. in the former case, and about 20 per cent. in the latter. I held, and still hold, that these figures are "altogether incorrect." Where did Dr. Lewers obtain them? In the case of supra-vaginal amputation of the cervix the statistics he adopted were his own. Dr. Lewers has indeed been most successful in this operation, not having had a single death. But an experience of seventeen cases is not enough to justify him in assuming *his* statistics to be *the* mortality statistics of the operation. As to the 20 per cent. mortality of total extirpation, of which Dr. Lewers spoke and which he contrasted with the 0 per cent. mortality of the partial operation, it was, as Dr. Lewers himself practically acknowledged, a mere haphazard guess of his own, and therefore needs no refutation.

Dr. Lewers objects to my having attributed a mortality of a little over 7 per cent. to the operation of supra-vaginal amputation of the cervix on the ground that it is based on returns published five years ago. To this I reply that no statistics, on anything like the same large scale, have, so far as I know, been published since, probably because the operation has been largely abandoned. If Dr. Lewers, however, can show that the statistics I quoted have been superseded, I will acknowledge my error and withdraw them. Only the figures substituted must be based on a fairly large number of cases.

My contention as to this mortality question may be put in a nutshell. It is that the mortality of the two operations is now so nearly the same, that the opposition to total extirpation, on the ground of its much heavier mortality, must henceforth be withdrawn. The claims of the two operations must in future be discussed on quite other grounds. Dr. Lewers probably stands alone in his opinion that British operators should be guided by British statistics. This point, however, I dealt with at sufficient length in my reply at the close of the discussion, a full report of which will appear in the next part of the Obstetrical Society's Transactions.

I am, Sirs, yours very truly,

Brook-street, W., May 24th, 1890. CHAS. J. CULLINGWORTH.

ADDENDUM TO THE BRITISH PHARMACOPŒIA.

To the Editors of THE LANCET.

SIRS,—In your annotation on the list of drugs recommended by the Royal College of Physicians for insertion in the forthcoming Addendum to the British Pharmacopœia you take exception to the introduction of a 1 per cent. solution of apomorphine, on the ground that being only half the strength of the present official hypodermic injection it might well be prepared from the latter by simple dilution. As it is possible that you may not have been fully informed as to the motives which actuated the committee in making this suggestion, I trust you will allow me an opportunity of saying a few words on the subject. When the hydrochlorate of apomorphine was first introduced into the Pharmacopœia, it was employed in this country chiefly, if not exclusively, as an emetic in the form of a hypodermic injection. The only preparation made official was a 1 in 50 solution, called the "injectio apomorphinæ hypodermica." This preparation was faulty in almost every respect. In the first place, the name, as subsequent events have shown, was misleading; secondly, the medium selected for solution, camphor water, was of no practical utility, for it was powerless to prevent the solution from undergoing change; and, finally, the direction that "the solution should be made as required for use" was not only superfluous but impracticable. The five years which have elapsed since the introduction of this unfortunate preparation have served to demonstrate the fact that the chief use of apomorphine is not as an emetic, but as an expectorant, and that the best method of administration when this expectorant action is required is, not hypodermically, but by mouth. It is probable that for every dose of apomorphine administered for

its action on the vomiting centre, a hundred or more are given in cough mixtures and preparations. Emetics are comparatively rarely required, but our chronic bronchitics demand a constant supply of expectorants. It is true that the present 1 in 50 solution is by no means inconvenient for dispensing purposes, but the difficulty with respect to the name still remains. Only the other day I wrote a prescription for a mixture containing half a drachm of "injectio apomorphinæ hypodermica," and the chemist sent the apomorphine in one bottle labeled "The Hypodermic Injection," and the syrup of tar and water in another labeled "The Cough Linctus." Such mistakes are of constant occurrence, and are a perpetual source of annoyance and inconvenience. The "solution of apomorphine"—which, it is to be trusted, will be made with hydrochloric acid and not with camphor water—was suggested to get rid of this anomaly, and the strength (1 per cent.) was adopted to bring it into conformity with the other official liquors. The object would not be attained by diluting the present official solution, for the difficulty of the name would not be overcome, and the liquor is intended for dispensing and as an ingredient of cough medicines, and not for use by the physician as a hypodermic injection. I would venture to remind you that whilst suggestions were requested respecting the introduction of new drugs and new preparations, it was distinctly understood that no interference with the existing Pharmacopœia could be entertained until the next decennial revision in 1895.

Whilst on the subject I should be glad if I might be allowed an opportunity of answering another objection which has been raised to the list proposed by the Royal College of Physicians. It has been said that the nomenclature adopted is destitute of scientific accuracy. This is not so, for the terminal "e" has been employed in the case of all alkaloids and drugs possessing alkaloidal properties, whilst it is has been omitted in the case of substances not included in this category. For example, "hyoscine" and "apomorphine" are in conformity with "atropine" and "morphine," whilst lanolin and pancreatin, not being alkaloids, have been deprived of the terminal letter. With respect to antipyrine, some doubt existed as to its exact chemical composition, and it was given the benefit of the doubt, regard being had to the fact that it is to be introduced under some name "not involving the acceptance of any theory respecting its mode of action." It will be noted that in the report nitro-glycerin is spelt without the final "e," although the nomenclature differs from that adopted in the body of the work both for nitroglycerine and glycerine. The list of drugs recommended is, as you very justly remark, modest, and not likely to give rise to much discussion; but I must confess that, personally, I do not think that it is very satisfactory. I am sorry that the opportunity should have been lost of extending our scanty list of flavouring agents, and it is difficult to understand why pancreatin should have been recommended for insertion, whilst the far more popular extract of malt is omitted. Under what name antipyrine will ultimately be adopted is not very clear. The chemical term "dimethyloxychinizine" is obviously too long for everyday use, whilst an objection has been raised to the contracted form, "dioxychinine."

I am, Sirs, yours truly,

WILLIAM MURRELL, M.D.

Weymouth-street, W., May 19th, 1890.

THE TREATMENT OF EPILEPSY BY BIBORATE OF SODA.

To the Editors of THE LANCET.

SIRS,—I can fully endorse the statements of Drs. Risien Russell and James Taylor in their interesting paper, which appeared in THE LANCET of the 17th inst., with regard to the value of borax in the treatment of epilepsy, and I agree with them as to the necessity for emphasising this fact; for although here and there in medical literature it is recorded that fits have been cured by borax, the virtues of this remedy have for the most part been either ignored or under-estimated. Yet I think there can be no doubt that when the bromides, administered either alone or in conjunction with belladonna, fail to relieve convulsive seizures, biborate of soda is the most likely drug to be of service. And I would also point out that boracic acid, so far as I have tried it, appears to be quite as efficacious as its alkaline salt. Its value is strikingly illustrated by the following case, which was under my care at the Clinical Hospital about two years ago. It was that of a girl aged six years, who had been subject to fits for a few weeks, which the mother attributed to a fall on the head. The child attended as an out-patient for some time; but as the fits appeared to be uninfluenced by the administration of bromide of potassium, she was taken into the hospital, in order that the effects of treatment might be more accurately observed. During the first five days she took every four hours a mixture containing five grains of bromide of potassium and five minims of tincture of belladonna; but on each day she had from twelve to twenty attacks of general convulsions with loss of consciousness. The doses of bromide and belladonna were then increased to ten grains and seven minims respectively; but as the frequency of the fits remained unaltered, she was ordered to take five grains of boric acid in water every four hours. During the next four days the number of fits fell to nine and ten daily, and when the dose of boric acid was increased to ten grains the improvement was still more marked; the fits ceased on the fifth day, and the child subsequently left the hospital completely cured. Since that time I have repeatedly prescribed boracic acid and borax, both for ordinary epilepsy and for the convulsions associated with the spastic hemiplegia of infancy, and as a rule with good results.

As regards the mode of administration, it may be observed: (1) that both borax and boric acid are very soluble in glycerine; (2) that if we wish to prescribe borax alone, much glycerine should be excluded, for a mixture of pure neutral glycerine and pure borax is acid, owing to the presence of free boric acid; (3) that borax increases the solubility of boric acid to a considerable extent, so that it is often advantageous to give them in combination.

In conclusion, perhaps you will permit me to draw attention to the occasional value of borax or of boric acid in the treatment of coughs. A few grains of either drug will sometimes remove an obstinate cough in a young child, and especially if this be associated with an irritable condition of the fauces or pharynx. Boric acid is also highly spoken of by Atkinson[1] as a remedy for puerperal fever; Bükhaloff[2] considers it a very effective substitute for quinine in the treatment of malarial fevers; and Peyrusson[3] recommends large doses in cholera.—I am, Sirs, yours truly,

Manchester, May 19th, 1890. JUDSON S. BURY.

THE UNIVERSITY OF LONDON.

To the Editors of THE LANCET.

SIRS,—Much discussion helps to clear the air, and enables us to put in order the *pros* and *cons* of a difficult question, so that each argument may be properly sifted and weighed. I would like to draw attention to some of the disputed points, and also to make a suggestion. The London University is not a local but an Imperial institution. Men come from all parts of the British Empire to receive its degrees because of the prestige those degrees confer and their universal acceptance. Since its foundation the London University has moved on in a spirit of progress. Tamper with that high standard, which has been its distinguishing feature, and you commence a retrograde movement the end of which you cannot see. The London medical student with his M.R.C.S. and L.R.C.P. qualifications has been as thoroughly trained as a Durham or Edinburgh graduate, but lacks the latter's privilege of being styled "Dr." Is it possible by any alterations in the method of training &c. to raise the bulk of the London students to the standard of the London University? I doubt it. If you cannot raise the ordinary London student to the level of the present University, and you ought not to lower that University to him, you must fall back on the alternative scheme of a second University in London. What are the objections to an additional University in London? Are they insuperable? In Scotland, where the medical men number about one-half those in London, there are four Universities, each doing its own work without injury to the others. There can only be one University *of* London, but that is no reason why there should not be two or more Universities *in* London having different functions. Is it distance only which makes what is possible in Scotland impossible in London, or does the name "London" lie at

[1] Practitioner, 1880. [2] Vrach, 1888. [3] Lyon Méd., 1884.

the root of all the objections to a second university? I would suggest that in the borough of Westminster a new university be founded, bearing the name of the "University of Westminster"; that it teach in conjunction with the London Colleges and Schools, and examine with the aid of the Royal Colleges; and that it confer degrees. Such a scheme would enable the majority of London medical students to write "M.D." after their names, and so put them on a par with the students of Edinburgh and Durham &c., while those who wish for higher distinction would, as now, seek it at the Universities of London, Oxford, and Cambridge; and finally, it would save the London University from these so-called reforms, which will reduce it from its Imperial character to that of a local manufactory of degrees.

I am, Sirs, yours faithfully,

Derby, May, 1890. CHAS. H. TAYLOR, M.B. Lond.

"HISTORY AND PATHOLOGY OF VACCINATION."

To the Editors of THE LANCET.

SIRS,—Having read Dr. Crookshank's letter, published in your last issue, in which he refers to the future stamping out of small-pox by means of a combined system of notification and isolation to supersede vaccination, I am curious to know how he would provide against the disease spreading from an isolated case to the attendants, or to such of them as might be susceptible to it. And, beside the nurses, there would be the ambulance corps, the medical officer, the laundresses, and in the event of a patient's death—no unlikely contingency—the undertaker and his attendants, all needing protection from imminent risk and each one likely to form a fresh centre of infection. As vaccination will then have become a thing of the past, there will be no vaccinated people and no virus available. It will be a work of time and of some bitter experience before a sufficient number of persons protected by previous attacks of small-pox will be found to perform all the multifarious duties just enumerated. One can picture the alarm and confusion consequent on a first severe outbreak of this disease in any densely populated district in the post-vaccination period. If I were asked to prophesy what would happen in such a conjuncture, I should say that there would come so violent a reaction in public opinion against the anti-vaccination movement that its promoters would be marked out as the first objects of popular vengeance.

As one old enough to remember epidemic small-pox before the Compulsory Vaccination Act, I can speak to the difficulties experienced in limiting the spread of the disease among the unvaccinated, even with the aid of well-protected officials. The fact of small-pox being communicable before the appearance of the eruption would always operate against the success of the best-contrived system of isolation. In the case of Leicester, which Dr. Crookshank and his allies have made so much of, there can be no doubt that the immunity it has so long enjoyed is maintained by the presence of a large number of vaccinated people who form a sanitary cordon round any infectious centre; and that when this generation has passed away the weakness of the defences afforded by isolation will soon be made manifest. I cannot help thinking that if Drs. Crookshank and Creighton had devoted as much attention to this aspect of the question as they have given to the pathology of cow-pock and its congeners, they would never have become converts to the faith of the anti-vaccination league.

I am, Sirs, yours obediently,

Guildford, May 26th, 1890. HENRY TAYLOR.

"STRICTER CONTROL OF HOSPITAL STAFFS."

To the Editors of THE LANCET.

SIRS,—The lively letter of my friend Dr. Lionel Beale, in reference to a portion of my evidence before the Select Committee of the House of Lords on Metropolitan Hospitals, exaggerates my meaning to a considerable extent. I had been asked by Lord Thring whether medical students were under any practical control, and were punished if they misbehaved themselves, and I had replied that a hospital committee had power to suspend and punish in such cases. He then asked whether I considered the control over the medical staff in the great hospitals sufficient, and my answer was: "I think it would be better if it were stricter in many cases." This reply had reference only to the maintenance of regularity within the hospital, and was not aimed at "arbitrarily" organising the medical staffs "into dismal uniformity," as Dr. Beale infers. No one can be more opposed than I am to attempts to fetter from the outside the natural growth and development of the various medical schools in their relations to the hospitals. It is to the medical profession itself, and especially to its leaders, that we must look for security that these shall proceed in the manner best suited to the wants of the community. But it cannot be their real interest that the poor, general medical practitioners, and provident institutions should alike have to suffer from overgrown casualty and out-patient departments, or that no form of order or coöperation should exist amongst general and special hospitals, Poor-law infirmaries, and provident dispensaries, which are now competing with each other for funds and patients.

I am, Sirs, your obedient servant,

WILLIAM BOUSFIELD,

Chairman of the Metropol. Prov. Med. Assoc., and Member of the Committee of King's Coll. Hosp.

Stanhope-gardens, May 27th, 1890.

TREATMENT OF STRANGULATED HERNIA.

To the Editors of THE LANCET.

SIRS,—I have read Mr. Christopher Heath's admirable lecture on Strangulated Hernia with great pleasure, but, at the risk of being considered presumptuous, must beg to differ from him in his estimate of the value of the ice-bag. He says that it certainly cannot do any good. I have had two cases of femoral hernia with symptoms of acute strangulation, in which all efforts at reduction were useless till ice had been applied. In one case but a short application was sufficient; in the other (as at first the ice-bag produced no effect) preparations to operate were made (the bag having been left on); by the time everything was ready, upon taxis being applied the bowel was returned without difficulty. I feel the irony of a country practitioner, with his limited experience, differing from so high an authority, but facts are not to be gainsaid.—I am, Sirs, yours truly,

ROBT. B. MARRIOTT, M.R.C.S

Swaffham, Norfolk, May 24th, 1890.

HOSPITALS: THEIR USE AND ABUSE.

To the Editors of THE LANCET.

SIRS,—The inquiry now being held into the management of metropolitan hospitals, especially as regards the out-patient departments, has, I think, already done a great deal of good. The statement made by one of the noble lords on the Committee, that he regarded an extra subscription of £10 to a hospital in the light of an insurance fund against sickness and injury for his servants' benefit, speaks for itself. This is no isolated case; numbers of well-to-do people look upon hospitals in the same light. Of course, there can be no question of obligation on the part of the employer to pay for the medical treatment of the servants in his or her employ; but in giving an out-patient letter to a servant in good pay an act of charity is being misapplied, and the junior medical practitioner placed at a disadvantage by a so-called charitable institution. These cases are some of the worst abuses of the hospital out-patient department, and it seems strange that they should be brought forward by a member of the Committee in such a manner. I am, Sirs, yours truly,

G. CHARLES WILKIN.

Hyde Park-street, W., May 17th, 1890.

SUCCI'S FAST AND ITS BEARING ON CERTAIN PHYSIOLOGICAL AND PATHOLOGICAL PROBLEMS.

To the Editors of THE LANCET.

SIRS,—The fact that Signor Succi has survived a forty days' fast is not by any means the only or even the most important element in the question on which his extraordinary freak has thrown light. It is well to know that the human system can be made to sustain a forty days' fast without succumbing in the process. But how? What are the name and nature of the elixir which he used in addition

to water whose nutrient properties are not considered remarkable? Opium, Indian hemp, alcohol, tobacco, coca, and kola are all nerve-sustaining substances, and therefore to some extent food substitutes. Was it any of these, and which? In the case of ulcer or operation on the stomach, liver, or intestines, the fact of being able to survive for so many days in the total absence of food is of capital importance. In the next place, would it not be easy to determine the amount of urea and fæcal matter derived from the waste of tissue?—for no doubt note was kept of these as well as of the loss in weight. In the third and last place, the question of employing starvation as a means of cure comes up. It would seem feasible to treat tumours, callosities, thickenings, and morbid growths of all kinds, with a view to their involution and disappearance, in part at least by the adoption of this principle. The morbid tissues would waste, it is presumed, quite as fast as, if not faster than, the healthy tissues of the body; and would not this be a gain in cases of cirrhosis of the liver, thickened pleuræ, enlarged spleens and livers, &c.?

I am, Sirs, yours faithfully,

GEO. SHEARER, M.D.,
May 14th, 1890. Physician, Consumption Hospital, Liverpool.

THE NATIONAL LEPROSY FUND.

To the Editors of THE LANCET.

SIRS,—With the object of eliciting by correspondence as much information as possible on the subject of leprosy, it is proposed, as a preliminary investigation, to address a series of questions to the officers of the various leper asylums and to others who may be able to throw some light upon the matter. I am requested to ask you to allow me to invite the coöperation in this inquiry of those of your readers who, from their knowledge of the disease, may be in a position to offer suggestions as to methods of inquiry and as to points for elucidation. Any observations with which the committee may be favoured will be gladly received, and incorporated in the Journal of the Leprosy Investigation Committee, of which the first number will be shortly published.—I am, Sirs, yours faithfully,

PHIN. S. ABRAHAM, Medical Secretary.
Adam-street, Adelphi, May 20th, 1890.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

Hospital Saturday.

THE amount received from the Hospital Saturday collections was, up to the 23rd inst., £3277. There are yet many more boxes to come in, which will, it is believed, increase the amount by £300 or £400 more. While it is to be regretted that Liverpool working men are still so far behind their brethren in Birmingham, it is satisfactory to observe that they are making progress.

The Ince Murder.

Mr. Baron Huddleston and Mr. Justice Lawrance concluded last week a short assize sittings. The former was occupied during the whole of three days and the half of a fourth in trying the case known as the Ince murder, which ended in a verdict of not guilty. The deceased, a girl eight years old (an illegitimate child), was missing from a Tuesday evening in March last. On the following Sunday her dead body was drawn up from a disused pit within a short distance of the house where her mother and stepfather lived. The body was examined by Messrs. Aspinall and Chronnell, surgeons, of Hindley; it bore evidence of outrage, and the skull was fractured. The case was one of strong suspicion against the male prisoner, her stepfather, but there were some links missing in the chain of evidence, and the jury, after an hour's deliberation, acquitted him. His wife had also been indicted for the murder; but the prosecution offering no evidence against her, she was discharged.

A Month of Horrors.

May is proverbially a month of suicides and murders. This month has been no exception to the rule. The tragedy at Wavertree, in which an insane woman murdered her three children and attempted to commit suicide, has been followed by a double murder at New Brighton. The murderer was their father, who also attempted to murder his wife; she lies in the Seacombe Cottage Hospital progressing favourably. In addition to these there have within the last few days been no fewer than five cases of serious wounding. One of the wounded persons is a man, now an in-patient of the Northern Hospital, who, after cutting his wife's throat, cut his own, and also took some vermin poison. He and his wife, who is also in the hospital, are doing well. Another in-patient of the same hospital is a sailor who was stabbed in the abdomen, and who is also doing well. A German sailor lies in the Royal Southern Hospital in a somewhat dangerous condition, suffering from wounds inflicted upon him by other sailors. The other cases are of a slighter description. There have also been during the past month a number of serious assaults upon members of the city police force, who are, of course, peculiarly liable to such assaults.

The Bank Holiday.

Whit Monday is always a popular day with excursionists to Liverpool. In past years it has been calculated that two hundred thousand people have been conveyed by the Mersey Ferry steamers to the Cheshire side of the river, New Brighton being the most popular place of all. Even the enormous number given above was exceeded this year, and in addition a very large quantity of passengers went by the Mersey railway under the river. It reflects much credit on the authorities that this enormous number of passengers was conveyed without any serious accident.

Liverpool, May 27th.

MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

The Infirmary.

THE infirmary has had one or two considerable legacies added to its funds lately. Under the will of Miss Walters £1000 is received, and from that of Mr. H. H. Gray the residue of certain moneys, which will probably amount to some £5000. This latter will had been the subject of litigation, and the whole amount in dispute left to various charities amounted to £15,000. A compromise was arranged and sanctioned by the Court, whereby £8000 of this goes to the benefit of the widow and daughter, and the remainder as directed. At the last meeting of the Infirmary Board a proposal was discussed for providing accommodation at the infirmary for post-mortem examinations in connexion with coroners' inquests, as no central public mortuary is at present provided. A subcommittee was appointed to consider and report on the matter. In connexion with the coroner's work, it is satisfactory to find that at last steps are being taken to obtain a better Court for the use of coroner and jury than the present small, stuffy confined room in Johnstreet.

Victoria University.

It is not often that the meeting of the University Court is the scene of very much animation, but at the recent meeting a proposal to take steps to empower the University to grant degrees in theology gave rise to a long and animated discussion. Hitherto the London University, the Royal University of Ireland, and the Victoria University have not conferred theological degrees. Unless the Victoria University is to grant degrees in subjects not embraced within its own teaching curriculum, it is difficult to see how this proposal is to be carried into effect. The express and special *raison d'être* of the Victoria University was that it should be a *teaching* as well as an examining body; but, so far at least as Owens College is concerned, the deed of its founder provides that nothing such as we usually understand by theology shall be taught within its walls, in order to avoid all grounds of objection from any sect or religious body whatever. Notwithstanding the strong advocacy by the clerical members of the court, the Bishops of Manchester and of Chester, the discussion was adjourned for six months without any decision being arrived at. It is sincerely to be hoped that no such rock of contention as this will arise to check the onward progress of the now steadily progressing University.—At the same meeting Professor Rendall, Principal of University College, Liverpool, was elected Vice-Chancellor for the ensuing two years, in succession to Dr. Ward, Principal of Owens College, who now becomes pro-Vice-Chancellor.

Salford and its Hospitals.

The hospitals of Salford have been very much in evidence of late. The end of last week saw the foundation stone of

the new Fever Hospital laid with considerable ceremony by Mr. Alderman Dickens, in the presence of the Mayor, members of the Corporation, and other visitors. There was considerable opposition to the site of the hospital when it was first selected, but this appears to have been overcome, and the building, when completed, will probably be one of the best arranged and equipped for its purpose in the country. The proximity to the sewage works is one of the worst features of the site. At the Hope Infirmary, belonging to the guardians, a radical change in administration is contemplated. It is proposed that the general management, as apart from the treatment of the patients, shall be vested in a resident steward or secretary, and that the present medical superintendent shall be non-resident and become really a visiting medical officer, with two junior resident house surgeons under him, on the same lines hitherto carried out at the Manchester Workhouse Infirmary at Crumpsall. At the Salford Royal Hospital on Saturday last a memorial window of stained glass, presented by Mr. Andrew Boutflower in memory of his late father (who for many years was connected with the hospital), was unveiled by Lord Howard. A large company was present, including the Bishop of Salford, Canon Crane, members of the Salford Council, and others. The subject chosen illustrates the parable of the "Good Samaritan," and adds much to the ornamentation of the main entrance. Works of art in English hospitals are too often conspicuous by their absence; they might with advantage be more used as memorials of benefactors to these charities, and would serve to brighten the interior of many of our hospitals, which are at present somewhat sombre in appearance.

Whitsuntide.

As usual in Manchester and district, Whit week is being given over almost entirely to recreation and holiday-making. More, perhaps, than any other county, Lancashire makes this week its great annual holiday. On Saturday the streets were alive with the sounds of martial music as the various Volunteer regiments left for their respective camps. The artillery are gone to Southport, where they are under canvas, with Surgeon Tomkins in medical charge. The 1st Manchester Rifles are again in their old quarters at Lytham. This fine regiment has lately provided itself with an ambulance waggon, which is, however, at present at the Military Exhibition in London. Acting-Surgeon Darwin went into camp on Saturday with the men. The 2nd Manchester have also returned to their first choice for a camping ground at Colwyn Bay, North Wales, and upwards of 700 men were under canvas on Saturday night, with Surgeon-Major Armstrong, and Surgeons Saville and Smith in attendance. The 3rd Manchester are gone still further from home—to Skegness, on the east coast. The Cadet Regiment, which during the year has made great strides in efficiency and equipment, are encamped at Hoo Green, where between three and four hundred lads will for a week breathe the fresh air of the country in place of their native substitute for that article. The weather up to the time of writing is all that could be desired, and from reports received the doctors are having rather an idle time, the men being all in excellent condition.

Health of Manchester.

Judging from our death-rate lately, the health of Manchester can hardly be considered satisfactory; for the first quarter of the year it was no less than 34 per 1000, the highest of all the large towns. Diphtheria and scarlet fever still continue far too prevalent both in Manchester and Salford, and the mortality from the former disease has for some time past been considerably above the average. The proposal of the corporation to demolish a large block of property in Ancoats which had been condemned by the officer of health as an "unhealthy area" within the meaning of the Act has been sanctioned by the Central Board, and steps will now be taken to carry this into effect.

Manchester, May 27th.

NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

Railway Ambulance Work.

THE directors of the North-Eastern Railway Company have taken a most important step towards the encouragement of a knowledge of first aid to the injured by deciding that when the servants of the company obtain a certificate of the St. John Ambulance Association the company will undertake the payment of the class fee for instruction in each case, which as a rule amounts to 5*s.* per head. The importance of this action, especially to railway servants themselves, unfortunately so subject to accident, can hardly be over-estimated, and will doubtless encourage a large number of railway servants to avail themselves of the opportunities of acquiring this useful knowledge, and it is to be hoped that the example thus set will be followed by other railway bodies and public companies throughout the country.

Hexham Dispensary.

An influential public meeting was held last week in the Town Hall, Hexham, with the view of resuscitating this once useful charity, when a resolution was moved and carried to the effect that a committee be appointed to report to the next meeting of subscribers on the constitution of the charity as originally established in 1816, and on any alterations which, in the opinion of the committee, it may be desirable to make therein, and to make it known in the district that an attempt is now being made to re-establish the charity with a view to obtaining annual subscriptions for that object.

"Milk Mischief."

Mr. Manson, surgeon, of Darlington, has published, in a pamphlet form, an interesting paper which he recently read before the Darlington Agricultural Students' Association, on "Milk Mischief." The author modestly observes that all he has attempted is to give a fairly complete *résumé* of recent opinions held by scientists with reference to the transmission of disease, and especially tuberculosis, to man *viâ* milk food. Mr. Manson's pamphlet, however, is a valuable contribution to an important subject, and has a special interest at the present time to medical practitioners and students.

The Health of Middlesbrough.

Dr. Malcomson, the medical officer of health, in commenting on the health of Middlesbrough, says that the total number of deaths in the borough during the month of April had been 145, of which 17 occurred in public institutions. Pneumonia was a cause of 27 deaths. Altogether diseases of the chest caused 69 deaths. Dr. Malcomson observes that the irregular and trying climatic conditions were responsible for the number of fatal cases of these diseases, but pneumonia did not assume anything like the proportions it did in 1888. There had been a slight outbreak of whooping-cough, but other contagious diseases were absent.

Sunderland.—Monkwearmouth Hospital.

A largely attended public meeting was held last week, presided over by the Mayor of Sunderland, who announced as the result of the late challenge football match by the Sunderland Association that, besides winning the cup, the sum of one hundred guineas would be handed over to the Monkwearmouth Hospital, which is sadly in need of help.

Saltburn-by-the-Sea.

A novelty in the way of baths is in preparation at Saltburn-by-the-Sea, where it is intended to draw a supply of brine from the saltfields which stretch from near Eston into South Durham. The baths are far advanced in their erection, and will be ready for the coming season. So that visitors in the north may have some of the advantages of the Droitwich district as to brine baths, and no doubt they will prove an additional attraction to Saltburn, already favourably known as a seaside resort for invalids.

Newcastle-on-Tyne, May 29th.

EDINBURGH.

(FROM OUR OWN CORRESPONDENT.)

The Public Health Committee.

AT a meeting of the Town Council in the middle of last week, the Public Health Committee reported that 16,592 lb. of unsound meat had been seized during the month of April. At the same meeting Bailie Russell, who is a graduate in medicine and convener of the Public Health Committee, drew attention to the large mortality of the past month, and pointed out that the deaths from infectious diseases were double what they were the same month of last year.

St. Andrews University Court.

At the last meeting of this Court it was resolved to

request the Medical Faculty to submit suggestions for draft ordinances on the curriculum and length of session for medical students, and on medical degrees, and to ask the Professors of Science to prepare schemes for the degrees of B.Sc. and D.Sc. The Court further granted authority to proceed with the erection of a chemical laboratory at the United College.

Scottish Branch of the Queen Victoria Nurses' Institute.

The Royal College of Surgeons, Edinburgh, have given a donation of 100 guineas towards the funds of this useful institution. An anonymous donor has sent £100 towards the purchase of the new training home in Castle-terrace. The object of the institution, as is well known, is to train nurses for the nursing of the sick poor in their own homes.

Longmore Hospital for Incurables.

Miss Anne Beveridge, at present matron of the Hillside Home for Incurables, Perth, has been appointed matron of this hospital, in succession to Miss Galloway, who has held the post for eleven years and is now retiring from hospital work.

Health of the City.

The mortality last week was 15 per 1000. Of the total deaths, numbering 80, diseases of the chest caused 14, zymotic diseases 19, and measles and whooping-cough 7 each. The intimations for the week included 22 cases of scarlatina and 55 of measles. There were 143 births.

The Lord High Commissioner at the Hospitals.

The Lord High Commissioner, with Lady Tweeddale and suite, paid a long visit on Monday to the Longmore Hospital for Incurables and to the Royal Infirmary, at both of which they were received by the managers and the medical staff. Her Ladyship presented bouquets of flowers to many of the patients in the various wards.

Royal Veterinary College.

The distribution of prizes to the students of the Royal (Dick) Veterinary College took place last week in the Council Chambers, the Lord Provost occupying the chair. It was stated that the classes were much larger this year than they had ever been in the history of the College, and that the level of general intelligence was in advance of last year.

Society for the Relief of the Destitute Sick.

During the past quarter the visiting committee of this Society had under consideration 390 new cases, paid over 3000 visits, and distributed amongst the sick poor, in food, fuel, and clothing, about £500.

Edinburgh, May 27th.

DUBLIN.

(FROM OUR OWN CORRESPONDENT.)

Royal College of Surgeons in Ireland.

As I expected, Mr. Austin Meldon, the present president, whose term of office expires next Monday, seeks re-election, and he will be opposed by Mr. H. Gray Croly, senior surgeon to the City of Dublin Hospital and vice-president of the College. For the vice-presidency which Mr. Croly vacates there are two candidates—viz., Mr. R. H. Moore, a well-known Dublin dentist, and Mr. Carte, surgeon to the Royal Hospital, Kilmainham. For the nineteen places on the Council there are twenty-four candidates, two of whom, Messrs. J. Bellew Kelly and E. C. Thompson, are provincial Fellows. If the country Fellows were united, they could easily place three or four provincial Fellows on the Council, but not acting in concert none but Dublin men hold a seat at present. A meeting of the Fellows will be held on Saturday, 31st inst., to receive the report of the Council for the past year, and to consider the following recommendations: (1) That at all elections subsequent to June, 1890, vice-presidents do serve two years in that office before passing to the chair; (2) that a contest be discouraged in the case of vice-presidents seeking re-election to that office for a second year; (3) that in alternate years a president be elected from amongst the past presidents (one of whom the president for the time being shall be deemed to be), from whom no further service in the vice-chair shall be required; (4) that in the year 1891, and in such subsequent years as the chair is to be filled from among the past presidents, the Fellows do invite the past president (or past presidents whom they may consider most worthy) to allow himself (or themselves) to be nominated for re-election as president, and that canvassing be declared undesirable; (5) that such nomination be made at a meeting of the College specially convened for that purpose, to be holden in January, the voting, if necessary, to be taken by ballot. The annual report of the Council is chiefly taken up with matters connected with the scheme of amalgamation between the Carmichael, Ledwich, and College of Surgeons Medical Schools and the regulations for State Medicine examinations. By a mutual arrangement, all resident Fellows are now able to use the library and reading room of the College of Physicians, the Fellows of that institution being granted a similar privilege at the College of Surgeons. The grievances of Army Medical Officers are also drawn attention to, and the exclusion of Irish graduates from hospital appointments in England. This latter subject will come before the General Medical Council to-day, when a motion by Professor Macnamara will be proposed, that the Council "shall inspect the examinations for the higher qualifications (especially those for the Fellowship of the Irish College of Surgeons) with the view of ascertaining whether such ought to be placed on the Register."

Royal University of Ireland.

At a meeting of the Senate last week, Royal Warrants were read appointing the Rev. Dr. Molloy and the Rev. Dr. Hamilton to be senators of the University. The following resolution, proposed by Sir J. T. Banks, K.C.B., was unanimously adopted:—"The Senate, having learned with deep regret the deaths of their valued friends and colleagues, Sir Robert Kane, F.R.S., and Dr. William K. Sullivan, for whom they had the highest esteem, both men of exceptional attainments and qualities, which enabled them to render most useful service to the University, and to give help which cannot be over-estimated in framing the regulations of the University, particularly in the scientific departments, and in furthering and directing its development, tender their respectful sympathy and condolence to their surviving friends."

Dinner to Surgeon Thomas Heazle Parke.

The President, Fellows, and Professors will dine together at the Royal College of Surgeons, on Saturday next, when the Honorary Fellowship of the College will be conferred on Surgeon Parke, A.M.S., of the Stanley Expedition. The invaluable services of this member of our profession are so well known that it is unnecessary to recapitulate them, and he will be one of the most distinguished recipients of the honorary Fellowship of the Irish College of Surgeons. Surgeon Parke received the licence of the College in 1878, and entered the Army Medical Department in 1881, seeing active service in Egypt in 1882-85.

Mater Misericordiæ Hospital, Dublin.

A new department in connexion with medical and surgical science—a Bacteriological Laboratory—was formally opened at this hospital last week. This department, the first of its kind in this country, will be conducted by Dr. McWeeny, pathologist to the hospital.

Death of Mr. George Moore Davidge.

On Sunday evening this gentleman died at his residence, near Dublin, aged eighty-one. The deceased was formerly medical officer of Newtownbarry dispensary district, county Wexford, and had an extensive and lucrative practice in the counties of Wexford and Carlow. He had retired from practice for about fifteen years.

Cork North Infirmary.

During the past year there were 916 in-patients treated, and 28,806 in the out-patient department. The number of accidents attended to amounted to 5597. The balance against the trustees amounts to £400, the deficit having principally arisen by the falling off in legacies. A large proportion of the handsome bequest by Lady Combermere is intended for a specific purpose and must be expended in building, so that the actual wants of the institution still exist.

Surgeon Wheeler, one of the candidates for the representation of the University of Dublin in Parliament, has retired, and the contest will virtually lie between Colonel Lowry and Mr. Carson, the Crown nominee.

Dublin, May 27th.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

Medicine at the Salon.

THAT medical subjects, especially those partaking more or less of the sensational order, and which therefore lend themselves all the more readily to brush-and-canvas delineation, are popular with the French picture amateur is evidenced by the number which find places each recurring year on the walls of our annual Fine Art Exhibition. Most of your readers who visited the Paris Salon during the exhibitions of the last four or five years will remember the large canvases representing Charcot and Péan in what may be termed the activity of their respective spheres. In the one our well-known Professor of diseases of the nervous system is depicted at the Salpêtrière, surrounded by his students, demonstrating clinically a phase of hysteria, a disease of which he has done so much to elucidate and extend our hitherto vague knowledge. In the other, the surgeon to the St. Louis Hospital is about to perform a surgical operation. In a medical respect the Salon of this year is well on a level with its predecessors, and to a casual observer even it is remarkable the interest the ordinary visitor, especially of the weaker sex, takes in contemplating in gossiping groups these at times somewhat nerve-stretching canvas scenes. A medical critic gives the following racy description of some of these works of art in one of your contemporaries:—At the Palais de l'Industrie, on entering the large square room, is to be seen a canvas of a certain value and of a certain interest, for it represents a scene of ophthalmologic life in the provinces. Up to the present we, as a profession, have been able to inspire the Parisian artist only—always in the vanguard of novelty. This once, however, the painting is from Bordeaux, and M. Gintrac-Jouasset sends us in effigy Professor Badal, under the pretext of showing to us the clinic for diseases of the eye at the faculty of Bordeaux. Of course it goes without saying that a certain number of other personages are brought in. At the side of the professor stands his assistant. At the end of the canvas to the left a military doctor, accompanied by a sister. In front of Dr. Badal, stretched out on an operating table, a poor woman ready to have her "eyes put out," as her companion remarks. At the side another patient, with his surgical dressings just adjusted, beside one or two infirm old men. Yes, certainly, but all that hardly makes a "clinic." Then at Bordeaux one ought to see clearer! And it seemed to us there was more life when we visited this time-honoured clinic. In Room 16 we notice, "Le Malade Imaginaire," by Vibert, assisted probably by his physician! However this may be, the most obviously ill is certainly the latter. Room 20 boasts of "After the Operation," by Bisson. Why not? Gervex, the petted artist of the Parisians, depicted Péan and the ligature of vessels. Bisson, the painter of fair *mondaines*, was longing, also, to do something of a heavier type, so he painted Guyon and lithotrity! The professor is not in the act of crushing, but has just crushed, be it noted, a stone. M. Guyon, very life-like, is showing to those around him with what facility he has reduced to dust the calculus. In Room 27 is depicted a cradle, with a somewhat healthy looking baby in it. The physician, with bald head and abundant beard, opens the mouth of the little sufferer. It is the croup! cries M. Bertin (the artist), forgetting that the doctor sees nothing but tonsillitis, or more likely still, sees nothing at all, judging by the way he is looking. Finally, in Room 5, we find "The Fascinations of Charity," by Moreau of Tours. The catalogue says: "Groups representing several subjects of both sexes subjected to the action of a mirror in rotation, showing the way to obtain in a rapid and powerful fashion a special state of the nervous system" (!) Amongst other things delineated is a pregnant woman with haggard eyes, a man with his mouth open, a young woman with her arms in the air, &c. It is a wonder that this same mirror, which thus appears to turn, and before which so many hypnotisable and emotional females pass daily, does not cause some of them to fall into a state of catalepsy, one would then have an unmistakable *tableau vivant!* Let us, however, say one word in sincere praise of an effort in Room 14, by Madame Laure Brouardel, of the Paris Faculty of Medicine; it is an excellent and pleasing portrait of a young girl.

Paris, May 27th

Medical News.

UNIVERSITY OF CAMBRIDGE.—At a congregation held on May 22nd, the degrees of M.B. and B.S. were conferred on the following gentlemen:—

Thomas Wilson Lambert, Pembroke.
Charles Edward Williams, Gonville and Caius.

ROYAL UNIVERSITY OF IRELAND.—The following degrees were conferred by the Senate last week:—

M.D., B.Ch.—Elenora L. Fleury, James R. Steen, James A. Browne, John Hennessy, Thos. J. Lenahan, Arthur B. Mitchell, James J. Tracy, John Alexander, John Bennett, Frederick A. Craig, Robert H. Creighton, L. de la Roche Souvestre, Robert H. Elliott, Thomas Gish, Daniel Jamison, Patrick R. Keary, John A. Kelly, John McNamara, John S. Morrow, Patrick J. Murphy, Michael Staunton, James Young.

B. A. O. (in absentiâ).—William Bartley, Robert J. Boyd, Patrick F. Mannix, William G. Niall.

The following Honours and Exhibitions have been awarded:

Second Examination in Medicine.—Honours and Exhibitions, Second Class:—Walter B. Robertson, Alexander Jamison.

Third Examination in Medicine.—Honours and First-class Exhibition:—John J. Bourke.

Examination for Medical Degrees.—Honours and First-class Exhibition: Elenora L. Fleury.—Honours and Second-class Exhibition:—James Ross Stein.

SOCIETY OF APOTHECARIES OF LONDON.—The following gentlemen having passed the Qualifying Examination in Medicine, Surgery, and Midwifery, have received Certificates entitling them to practise, in the same, and have been admitted as Licentiates of the Society:—

Bate, Bentley, Cohen, De Kretser, Elam, Guinand, Hardy, Harrison, Horsman, Lathbury, Parker, and Spence.

During May the following candidates have passed the examination in the subjects indicated:—

Surgery.—W. A. Eden, King's College; W. H. Elam, F.R.C.S.Eng., Charing-cross Hospital; W. G. R. Farquharson, St. Mary's Hospital; F. W. Hardy, St. Bartholomew's Hospital; A. T. Harrison, Guy's Hospital; W. H. Horsman, University College; F. R. Lathbury, London Hospital; P. T. Naden, Queen's College, Birmingham; C. O'Sullivan, London Hospital; and D. B. Spence, London Hospital.

Medicine, Forensic Medicine, and Midwifery.—L. C. Brohier, M.R.C.S., Ceylon Medical College and Middlesex Hospital; J. Cohen, Charing-cross Hospital; W. H. Elam, F.R.C.S.Eng., Leeds and Charing-cross Hospital; F. W. Hardy, St. Bartholomew's Hospital; H. W. John, Guy's Hospital; and D. B. Spence, London Hospital.

Medicine and Forensic Medicine.—N. P. Cadel, Guy's Hospital; and G. R. W. Parker, Cambridge University and St. Thomas's Hospital.

Forensic Medicine.—G. H. Bate, London Hospital.

Forensic Medicine and Midwifery.—E. C. de Kretser, L.M.S., Ceylon Medical College.

Midwifery.—W. L. Bentley, Owens College, Manchester; and P. Guinand, University College.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—In the list published last week of the candidates who passed the Primary Fellowship Examination, for Cecil *Fowler* Wightman read Cecil *Frank* Wightman.

PRESENTATION TO M. PASTEUR.—In the presence of Lord Lytton, Sir F. Pollock, Dr. Herbert, and others, M. Pasteur was presented on Saturday last by Mrs. Priestley with an album containing the signatures of royalty and a very large number of persons of distinction in England and America. At the same time, drawings by Sir F. Leighton and other artists were presented to him.

THE DRAINAGE OF GUILDFORD.—Of the five schemes for the drainage of this borough, which have been considered in committee, it is stated that the urban sanitary authority has practically decided to adopt that prepared by Mr. C. N. Lailey, of Great George-street, Westminster, which has been considerably modified since it was first submitted. The estimated cost of the scheme is reduced from £27,000 to £22,408.

CHILDREN'S HOSPITAL, PADDINGTON.—This institution is becoming better known, and its usefulness is appreciably extending. During the past year there was a large increase in the number of casualty cases and of in- and out-patients. Seventy-six children were sent to the Convalescent Home, near Harrow, which is connected with the hospital. Although the donations had fallen off, the annual subscriptions, the more reliable source of income, had increased. The committee invite subscriptions to a special fund for an extension of the hospital, which had become a pressing necessity

ST. MARY'S HOSPITAL MEDICAL SCHOOL.—The annual distribution of prizes will take place on Tuesday, July 1st. Sir Henry Roscoe, M.P., F.R.S., will preside.

MORTUARIES IN PARIS CEMETERIES.—Dr. Brouardel's suggestion to establish mortuary chambers in the cemeteries of Paris has been approved by the Board of Health for the Seine.

BURNLEY HOSPITAL.—The formal laying down the memorial stones of a new Children's Ward, as an addition to the Victoria Hospital, Burnley, took place on Saturday last. The estimated cost of the building is about £5000, the whole of which has been raised by donations and subscriptions.

NEW LUNATIC ASYLUM, SOMERSET.—The Committee appointed to consider the question of providing additional accommodation for lunatics have resolved to invite tenders of land for a site and grounds for the proposed West Somerset Joint Lunatic Asylum, of not less than eighty acres in extent.

PRESENTATION.—At a distribution of certificates and medallions to successful pupils of the Paris Centre of the St. John Ambulance Association, Dr. Barnard was presented with a valuable surgical instrument in acknowledgement of his zeal and courtesy as hon. sec. to the Centre, and as lecturer to the first class held under the auspices of the Centre.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.—The next examinations for the certificate in Psychological Medicine will be held at Edinburgh, Royal Asylum, Morningside, at 10 A.M. on July 16th, 1890; at Glasgow, Royal Asylum, Gartnavel, at 10 A.M. on July 17th; at Aberdeen, Royal Asylum, at 10 A.M. on July 18th.

ROYAL METEOROLOGICAL SOCIETY.—At the usual monthly meeting of this Society, held on the 21st inst., at the Institution of Civil Engineers, a paper was read by Mr. W. B. Tripp on "Rainfall of the Globe"; another by Mr. Dines, on the "Mutual Influence of two Pressure Plates upon each other," &c.; and a third, by the same author, on the "Variations of Pressure caused by the Wind blowing across the Mouth of a Tube."

FATALITY TO A MEDICAL ASSISTANT.—On the 26th inst. Mr. W. J. Harris, coroner for the district, held an inquest at Green-street, near Faversham, on the body of James Philip Robert Jamison, F.R.C.P., L.R.C.S. Edin., assistant to Dr. Selby. The deceased went on horseback on Saturday morning to visit a patient at Newnham, a distant village. He was seen riding unskilfully at a canter, and on passing a man called out "stop it." The horse fell on turning a corner, and the deceased was dragged some distance by the stirrups. He was picked up insensible and taken home, where he died the same evening, from a fracture to the base of the skull.

PORT ST. MARY, ISLE OF MAN.—The inhabitants of this picturesque and interesting seaport and health resort, the favourite retreat of artists, have determined to set an example to the other towns in the Isle of Man, for they have wisely resolved to make it a model town as regards sanitation. They have lately well drained it, and secured one of the best water-supplies in the island, and already judiciously laid out the site of what will be the new town. A medical report on Port St. Mary, setting forth what has been done and what is intended to be done, together with a description of its scenery, climate, and health capabilities, will shortly be published.

POISONING IN INDIA.—The Bengal police have published the following extraordinary warning to passengers at all the stations on the Eastern Bengal Railway: "Passengers are hereby cautioned against taking anything to eat or drink from unknown persons, as there are many who live by poisoning travellers. They first of all court acquaintance with passengers in a *sarai* or some other place, and then gain their confidence on the plea of being fellow-travellers going to the same place. When they reach a place convenient for the purpose, they poison the water or food of the passengers, who become insensible, and then they decamp with all their property. They also at times poison the passengers' water when being drawn out of wells, or sweetmeats brought from the bazaar, or food when being cooked."

THE NATIONAL HEALTH SOCIETY.—The Drawing-room Lectures which were organised some time since for the purpose of educating young ladies just leaving school and others in the elementary laws of health have met with such success as to induce the organisers to extend the movement. A meeting of the Society, which was attended by H.R.H. Princess Christian, was held last week at the residence of Dr. E. Symes Thompson, many eminent members of the profession being present. It was pointed out by Dr. Schofield that many of the infractions of the laws of health by ladies were due to ignorance of what these laws enjoined, and he urged the importance of their acquainting themselves with the working of nature's laws in respect of their bodies and functions. It was stated that the object of the meeting was to extend the number of centres for instruction, of which there are at present some six or eight in London, and arrangements for forming two more were made forthwith. It is contemplated to extend the scheme into the provinces as well. The instruction comprises an elementary and an advanced course of lectures, delivered by competent men, and each course is followed by an examination.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—The annual general meeting of the members of this Society was held at 20, Hanover-square, on Thursday, May 22nd, Sir James Paget, president, in the chair. From the report for 1889, read by the secretary, it appeared that the number of members was 333, an increase of 8 during the year, 24 having been elected and 16 having died or resigned. The number of widows receiving grants was 62 (the same as in 1888), 3 fresh cases had been taken on, and 3 widows had died or become ineligible for further grants; 14 orphans were on the books of the Society, an increase of one. A sum of £2741 had been expended in grants, and the expenses of the year had been £306 18*s.* 2*d.* Legacies amounting to £1085 had been received, and the funded property had been increased by the purchase of £1140 13*s.* 6*d.* Birmingham Corporation Three per Cent. Stock. Mr. Fuller was elected a vice-president, and Dr. Cribb, Dr. Pollock, Mr. Willett, Dr. Savory, Dr. Roberts, and Mr. Gould were elected directors, in the place of the six senior who retired by rotation. An extraordinary grant of £26 was made at the meeting to a widow. Questions were asked as to the different amounts awarded to the widows of deceased members, and it was explained that these depended in great measure upon the actual wants of the several widows, which were ascertained by careful inquiry. Every widow coming within the limits of the by-laws, which rendered ineligible those who possess £80 or more a year, had a claim on the Society; but the amounts granted were much greater than those which could be derived from any friendly society which was not possessed of such funds derived from charitable gifts as the Society had. Votes of thanks were passed to the editors of the medical journals for their kind assistance in making known to the profession the workings of the Society. A vote of thanks to the president closed the meeting.

METROPOLITAN ASYLUMS BOARD.

Return of Patients remaining in the several Fever Hospitals of the Board at midnight on May 27th, 1890.

Hospital.	Beds occupied.						Total accommodation.
	Scarlet fever.	Diphtheria.	Typhus fever.	Enteric fever	Other diseases.	Total.	
Eastern Hospital	173	26	..	13	..	212	442
North-Western Hospital	92	27	..	5	..	124	415
Western ,,	125	19	..	9	4	157	262
South-Western ,,	135	..	..	..	..	135	350
South-Eastern ,,	160	12	2	22	3	199	462
Northern ,,	334	26	..	7	..	367	584
Totals	1019	110	2	56	7	1194	2515

SMALL-POX.—*Atlas* hospital ship, 5.

BOOKS ETC. RECEIVED.

BLACK, ADAM & CHARLES, Edinburgh.
The Collected Writings of Thomas De Quincey. New and Enlarged Edition. By D. Masson. Vol. VIII.: Speculative and Theological Essays. 1890. pp. 451.

CHURCHILL, J. & A., New Burlington-street, London.
Illustrations of Diseases of the Skin and Syphilis, with Remarks. By Tom Robinson, M.D. 1890. Price 5s.
The Constitutional Requirements for Tropical Climates, and Observations on the Sequel of Disease contracted in India. By Sir Wm. Moore, K.C.I.E. 1890. pp. 126.

GRIFFIN, CHAS., & Co., Exeter-street, Strand, London.
A Laboratory Course of Pharmacy and Materia Medica: including the Principles and Practice of Dispensing. By W. Elborne. With Illustrations and Lithographed Plates. 1890. pp. 276.

HIRSCHWALD, AUGUST, Berlin.
Lehrbuch der Zahnheilkunde mit besonderer berücksichtigung der Medicin und Chirurgie. Von Dr. Ludwig Brandt. Mit 155 Abbildungen. 1890. pp. 708.

JONES, Dr. J., New Orleans.
Medical and Surgical Memoirs: containing Investigations on the Geographical Distribution, Causes, Nature, Relations, and Treatment of various Diseases, 1855–1890. By Joseph Jones, M.D. Vol. III. Part 2: Contagious and Infectious Diseases. 1890.

KEGAN PAUL, TRENCH, & Co., Ludgate-hill, London.
The Colours of Animals, their Meaning and Use especially considered in the case of Insects. By Edward B. Poulton, M.A., F.R.S. With Chromo-lithographic Frontispiece, and 66 Figures in text. 1890. pp. 360.

LEWIS, H. K., Gower-street, London.
A New Dictionary: including all the Words and Phrases used in Medicine, with their proper Pronunciation and Definitions. Based on recent Medical Literature. By G. M. Gould, B.A., M.D. 1890. pp. 519.
Practical Chemistry for Medical Students. By S. Rideal, D.Sc.Lond., F.I.C., F.C.S. 1890. pp. 55.
Massage and the original Swedish Movements; their application to various Diseases of the Body. By K. W. Ostrom. Illustrated. 1890. pp. 96.
Flushing and Morbid Blushing; their Pathology and Treatment. By Harry Campbell, M.D. 1890. pp. 270.

PUBLISHED BY THE SUPERINTENDENT, GOVERNMENT PRESS, Madras; and H. K. LEWIS, Gower-street, London.
The Elements of Sanitary Science. A Handbook for District, Municipal, Local Medical and Sanitary Officers, Members of Local Boards and Municipal Councils, and others. By Surgeon-Major C. J. McNally, M.D., Fellow of the Madras University. 1889. pp. 267.

LECROSNIER ET BABE, Paris.
Leçons du Mardi à la Salpétrière: Professor Charcot (Policlinique 1888–1889). Notes de Cours de MM. Blin, Charcot, et Henri Colin. Tome II. 1890. pp. 579.

MACMILLAN & Co., London.
Sketch of the History and Progress of District Nursing, from its commencement in the year 1859 to the present date. By W. Rathbone, M.P. 1890. pp. 132.

REMINGTON & Co., Henrietta-street, Covent-garden, London.
The Mystery of a Millionaire's Grave. By Gordon Stables, M.D., C.M., R.N. pp. 310.

SMITH, ELDER, & Co., Waterloo-place, London.
A Treatise on the Theory and Practice of Medicine. By J. S. Bristowe, M.D. Seventh Edition. 1890. pp. 1285.

PENTLAND, YOUNG J., Edinburgh and London.
Studies in Clinical Medicine. By Byrom Bramwell, M.D., F.R.C.P. Edin. 1890. pp. 344.

Die Chirurgische Behandlung des Kropfes; von Dr. A. Wölfler, II. Theil. (A. Hirschwald, Berlin, 1890).—Picturesque Wales, a Handbook of Scenery accessible from the Cambrian Railways; by G. Turner (Adams & Sons, and Simpkin, Marshall, & Co., London, 1890); price 6d.—Jarrold's Norwich and Eastern Counties Handbook, and Clerical Directory for Norfolk and Suffolk, for 1890 (Jarrold & Sons, Norwich); price 6d.—Étude Critique et Expérimentale sur la Température Cérébrale à la suite d'Irritations Sensitives et Sensorielles; par T. Dorta (Rivera et Dubois, Genève, 1889).—Méthodes de Traitement de l'Anus contre Nature; par L. Eug. Goetz (Rivera et Dubois, Genève, 1890).—Treasure Trove, a short Play; by R. Pollock, M.R.C.S. (J. and R. Parlane, Paisley).—Modern Methods for the Cure of Obesity; by Dr. Jacques Mayer, Karlsbad; translated by W. Deane Butcher, M.R.C.S.; second edition (Beaumont & Co., London, 1889); price 1s.—List of the Transactions, Periodicals, and Memoirs in the Library of the Royal College of Surgeons of England (Taylor and Francis, London, 1890); price 1s.—Milk Mischief; by R. T. Manson, L.R.C.P. Edin. (Young J. Pentland, Edinburgh and London).—The British Guiana Medical Annual, and Hospital Reports; edited by J. S. Wallbridge, M.R.C.S., and E. D. Rowland, M.B. Edin. (Bladwin & Co., Georgetown, Demerara); price 5s.—The Papers set for the several Examinations (written and oral) for the qualification of Licentiate, Society of Apothecaries, London; collected by R. R. Sleman, B.A. Cantab., L.S.A. Lond. (Taylor and Francis, London); price 1s. 6d.—Thirteenth Annual Report of the Board of Health of the State of New Jersey, and Report of the Bureau of Vital Statistics, 1889 (F. F. Patterson, Camden, N.J., 1890).—The Fourth Annual Report of the Free Libraries' Committee of the Borough of Great Yarmouth, 1889-90 (J. Buckle, Great Yarmouth).—The National Society for the Prevention of Cruelty to Children: the Sixth Year's work for unwanted and ill-used Children; Report presented 13th May, 1890 (Head Office, Harpur-street, Theobald's-rd., London).—Index-Medicus: Authors and Subjects, Vol. XII., No. 4, April, 1890 (Trübner & Co., and Lewis, London).—Du Traitement de l'Endométrite Chronique par la Pate de Canquoin; par le Dr. P. Bock (H. Lamertin, Bruxelles, 1890).—Essay Fifty-seven: A Study of Doses, by William Sharp, M.D., F.R.S. (Geo. Bell & Sons, London, 1890).—The Springs and Baths of Kissingen; by Dr. H. Welsch, sen., third edition (published by the Author, Kissingen, 1888).—Twenty-sixth Report of the Trustees of the City Hospital, Boston, 1889 (Rockwell and Churchill, Boston, 1890).—Proceedings of the New York Pathological Society for the year 1889.—Magazines for June: Good Words, Sunday at Home, Leisure Hour, Sunday Magazine (Isbister), Boy's Own Paper, Girl's Own Paper (Religious Tract Society), Scribner's, Lippincott's.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column, are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

ADKINS, A. J., L.R.C.P., M.R.C.S., has been appointed Clinical Assistant for Diseases of the Skin to St. Thomas's Hospital.
ANSON, G. E., M.A., M.D., B.C. Cantab., L.R.C.P., M.R.C.S., has been reappointed House Surgeon to St. Thomas's Hospital.
BRISTOWE, H. C., M.B.Lond., L.R.C.P., M.R.C.S., has been reappointed Clinical Assistant for Diseases of the Eye to St. Thomas's Hospital.
COBBETT, L., B.A. Cantab., L.R.C.P., M.R.C.S., has been reappointed Non-resident House Physician to St. Thomas's Hospital.
COWEN, T. P., L.R.C.P., M.R.C.S., has been reappointed House Surgeon to St. Thomas's Hospital.
CRESSWELL, RICHD., M.R.C.S., has been appointed Medical Officer for the Cheltenham Rural District of the Cheltenham Union, vice Jessop, deceased.
DICKSON, T. H., B.A. Cantab., L.R.C.P., M.R.C.S., has been reappointed Assistant House Physician to St. Thomas's Hospital.
FRIPP, A. D., M.B., B.S., has been appointed Demonstrator of Anatomy at Guy's Hospital.
GERVIS, H., M.A., M.B., B.C. Cantab., L.R.C.P., M.R.C.S., has been reappointed House Surgeon to St. Thomas's Hospital.
HARRIS, A. G. R., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer for the Market Weighton (No. 2) District of the Pocklington Union, vice Jackson, deceased.
HARWOOD, CHAS., M.D. Edin., has been reappointed Medical Officer for the Shardlow Rural District of the Shardlow Union.
HEMBROUGH, JOHN W., M.D. Durh., M.R.C.S., has been appointed Medical Officer for the Earsdon District of the Tynemouth Union, vice Alexander, resigned.
HUGHES, A. E. PREST, L.R.C.P., M.R.C.S., has been reappointed Clinical Assistant for Diseases of the Eye to St. Thomas's Hospital.
LAMBERT, T. W., B.A. Cantab., L.R.C.P., M.R.C.S., has been reappointed House Surgeon to St. Thomas's Hospital.
LOW, H., M.A., M.B., B.C. Cantab., L.R.C.P., M.R.C.S., has been appointed Clinical Assistant for Diseases of the Skin to St. Thomas's Hospital.
LUCY, REGINALD H., F.R.C.S. Eng., has been appointed Assistant Surgeon to the South Devon Hospital, Plymouth.
MCMASTER, A., L.R.C.P. Edin., has been appointed Medical Officer for the Omagh No. 2 Dispensary District, vice McClung, deceased.
NEWNHAM, W. H. C., M.A., M.B. Cantab., M.R.C.S., has been appointed Assistant Physician Accoucheur to the Bristol General Hospital.
NICHOLLS, WM. J., L.R.C.P. Edin., M.R.C.S., has been appointed Honorary Medical Officer for the St. Ives Union District.
NIX, H. W., B.A. Cantab., L.R.C.P., M.R.C.S., has been appointed Assistant House Surgeon to St. Thomas's Hospital.
OSBURN, H. B., L.R.C.P., M.R.C.S., has been appointed Resident Accoucheur to St. Thomas's Hospital.
SEDDON, H. B., L.R.C.P. Lond., M.R.C.S., has been appointed Resident Medical Officer of the York Dispensary, vice Badcock.
STABB, W. WILKING, B.A., M.B., B.C. Cantab., has been reappointed Resident House Physician to St. Thomas's Hospital.
STOKES, W. G. G., B.A., M.B., B.C. Cantab., L.R.C.P., M.R.C.S., has been appointed Senior Obstetric Clerk to St. Thomas's Hospital.
TOLLER, S. G., L.R.C.P., M.R.C.S., has been reappointed Resident House Physician to St. Thomas's Hospital.
WARE, E. E., L.R.C.P., M.R.C.S., has been appointed Assistant House Surgeon to St. Thomas's Hospital.
WAWN, E. R., L.K.Q.C.P. Irel., M.R.C.S., has been appointed Medical Officer for the Bramley District of the Bramley Union, vice Sesser, resigned.
WELCHMAN, E., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer for the Heckington District of the Sleaford Union, vice Stables, resigned.

Vacancies.

For further information regarding each vacancy reference should be made to the advertisement.

BRISTOL GENERAL HOSPITAL.—House Surgeon. Salary £120 per annum, with board, lodging, and washing provided in the house.
CENTRAL LONDON OPHTHALMIC HOSPITAL, 238A, Gray's-inn-road, W.C. House Surgeon for not less than six months. Rooms and board.
CHARING-CROSS HOSPITAL, Strand, W.C.—Assistant Physician, Assistant Surgeon-Dentist, and Anæsthetist.
CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria-park, E.—House Physician for six months. Board and residence and allowance for washing provided, but no salary.

CITY OF LONDON LUNATIC ASYLUM, Stone, near Dartford, Kent.—Assistant Medical Officer. Salary £150 per annum, with board, lodging, washing, and attendance. (Apply to Mr. H. F. Youle, Clerk to the Committee, Guildhall, London.)

COUNTY AND COUNTY OF THE BOROUGH CARMARTHEN INFIRMARY.—House Surgeon. Salary £100 per annum, with board, lodging, and laundry. (Apply, Mr. H. Howell, Secretary, 11, Morley-street, Carmarthen.)

DERBY AMALGAMATED FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.—Second Assistant Surgeon. Salary £100 per annum (out-door), with additional fees for Midwifery of 5s. 3d. in each case. The salary to be advanced £10 in six months after appointment, and afterwards £10 per annum until it reaches £250 per annum conditionally. (Apply to the Secretary, 58, Abbey-street, Derby.)

DORSET COUNTY ASYLUM, Dorchester.—Assistant Medical Officer. Salary to commence at £120 a year, with board &c.

LONDON HOSPITAL, Whitechapel-road, E.—Assistant Physician and Assistant Surgeon.

METROPOLITAN ASYLUMS BOARD.—Second Assistant Medical Officer at the Leavesden Asylum for Imbeciles, near Watford, Herts. Salary £120 per annum, rising £10 annually to £150, with board, furniture, apartments, and washing. (Apply at the Offices of the Board, Norfolk House, Norfolk-street, Strand, W.C.)

MILLAR HOSPITAL AND ROYAL KENT DISPENSARY, Greenwich, S.E.—Junior Resident Medical Officer. Salary £30 per annum, with board, attendance, and washing.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney-road, N.E.—Junior House Surgeon for six months, at a salary of £30.

PARISH OF FARR, Sutherland.—Medical Officer, to be located at Bettyhill. Salary from Board for paupers 100 guineas per annum. (Apply to Chairman of Board, John Box, House of Tongue, Sutherland.)

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City-road, London.—Assistant Physician.

ROYAL LONDON OPHTHALMIC HOSPITAL, Moorfields, E.C.—Refraction Assistant. Salary £50 per annum.

SEAMEN'S HOSPITAL SOCIETY.—House Surgeon for the new Branch Hospital of this Society, at the Royal Victoria and Albert Docks, E. (Apply to Mr. Mitchell, Secretary, Greenwich.)

UNIVERSITY COLLEGE, London.—Resident Medical Officer in the hospital.

WALLASEY DISPENSARY.—Junior House Surgeon. Salary £80 per annum, with furnished apartments, coal, gas, and attendance. (Apply to the Hon. Secretary, Elm Mount, Penkett-road, Liscard, Cheshire.)

WEST LONDON HOSPITAL, Hammersmith-road, W.—House Physician and House Surgeon, each for six months, board and lodging provided.

Births, Marriages, and Deaths.

BIRTHS.

BURNET.—On May 23rd, at 6, Upper Wimpole-street, W., the wife of R. W. Burnet, M.D., of a daughter.

RENTON.—On May 25th, at 11, Buckingham-terrace, Edinburgh, the wife of David Renton, M.D., Hon. Brigade Surgeon, of a daughter.

WHITELOCKE.—On May 27th, at Banbury-road, Oxford, the wife of R. Hy. Anglin Whitelocke, M.B., of a son, who survived only a few minutes.

MARRIAGES.

DUNCAN—HULME.—On May 27th, at the Church of St. Philip and St. James, Oxford, by the Rev. E. Dermer, assisted by the Rev. W. S. Hulme, brother of the bride, Horace Duncan, B.A. Cantab., M.B. London, second son of Dr. James Duncan, of Henrietta-street, Covent-garden, to Elizabeth Gertrude, eldest daughter of the late Rev. S. J. Hulme, M.A., formerly Fellow of Wadham College, and Rector of Bourton-on-the-Water.

HALL—ALLMAN.—On May 21st, at Christ Church, Linnet-lane, by the Rev. Robert Irving, M.A., Ben. Hall, M.B. Lond., of Bodenham, Herefordshire, to Carrie, daughter of George William Allman, Alexandra-drive, Sefton Park. No cards.

HERN—BROCK.—On May 23rd, at Teignmouth, S. Devon, John Hern, M.D. Ed., F.R.C.S.E., M.R.C.S., of Darlington, eldest son of John Hern, of Staverton House, Ashburton, and Scobetor, Widecombe-in-the-Moor, Devon, to Minnie, younger daughter of the late James Brock, of Coombe, Teignmouth.

PETTIGREW—GRAY.—On May 21st, at the Presbyterian Church, Woolwich, James Bell Pettigrew, M.D., LL.D., F.R.S., of St. Andrews, Fife, to Elsie McMordie, second daughter of William Gray, J.P., of Greatham, county Durham.

STAFFORD—HARMAN.—On May 22nd, at St. John's, Westminster, T. J. Stafford, Esq., M.D., to Frances Agnes, only child of the late Right Hon. Edward King Harman.

DEATHS.

EDMUNDS.—On May 23rd, suddenly, at Cheltenham, Richard Edmunds, L.R.C.P. Edin., M.R.C.S., of Pontnewydd, Newport, Mon., aged 35.

FADDY.—On May 24th, at Fingaske, West Norwood, Surrey, Edward Ramsay Peter Faddy, M.R.C.S., L.R.C.P., son of Gen. S. B. Faddy, Bengal Infantry.

FINCHAM.—On May 20th, at Belgrave-road, S.W., George T. Fincham, M.D., formerly Senior Physician to Westminster Hospital, aged 72.

JORDAN.—On May 24th, at his residence at Teignmouth, Robert C. R. Jordan, M.D. Lond., aged 65.

PALMER.—On May 22nd, at the Manor House, London-road, Newbury, Berks, Montagu Henry Campbell Palmer, M.R.C.S.

PLOWMAN.—On May 23rd, at North Curry, Taunton, Thomas Plowman, M.R.C.S., L.S.A. (retired), aged 85.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

Medical Diary for the ensuing Week.

Monday, June 2.

CHARING-CROSS HOSPITAL.—Operations, 3 P.M.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, daily at 10 A.M.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.

CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2.30.

ST. MARK'S HOSPITAL.—Operations, 2.30 P.M.; Tuesday, 2.30 P.M.

HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and each day in the week at the same hour.

UNIVERSITY COLLEGE HOSPITAL.—Ear and Throat Department, 9 A.M.; Thursday, 9 A.M.

LONDON POST-GRADUATE COURSE.—Royal London Ophthalmic Hospital, Moorfields: 1 P.M., Mr. Wm. Lang: External Diseases of the Eye. Hospital for Sick Children, Gt. Ormond-st.: 4 P.M., Dr. Lubbock: Wasting in Children.

ST. PETER'S HOSPITAL FOR STONE, &c.—4 P.M. Mr. Reginald Harrison: The Prevention and Early Treatment of Prostatic Obstruction.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 P.M. Prof. W. H. Battle: Some Points relating to Injuries to the Head.

ROYAL INSTITUTION.—5 P.M. General Monthly Meeting.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN (40, Leicester-sq., W.C.).—8 P.M. Mr. Leonard Matheson: On some Practical Points in the Relations of the Upper to the Lower Teeth.—Dr. Silk: Notes on a Series of 1000 Nitrous Oxide Administrations recorded Systematically.—Mr. Sydney Spokes: On a case of Faulty Development of Enamel.—Mr. Alfred Smith: Notes of a case of Epulis.

Tuesday, June 3.

KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.; Fridays and Saturdays at the same hour.

GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at same hour. Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.

CANCER HOSPITAL, BROMPTON.—Operations, 2 P.M.; Saturday, 2 P.M.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 2.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M. Throat Department, Tuesdays and Fridays, 1.30 P.M. Electro-therapeutics, same days, 2 P.M.

LONDON POST-GRADUATE COURSE.—Bethlem Hospital: 2 P.M., Dr. R. Percy Smith: General Paralysis of the Insane.—Hospital for Diseases of Skin, Blackfriars: 4 P.M., Mr. Jonathan Hutchinson: Summer Eruptions.

ROYAL INSTITUTION.—3 P.M. Mr. Andrew Lang: The Natural History of Society.

ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Dr. Ferrier: Cerebral Localisation. (Croonian Lecture.)

Wednesday, June 4.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.

MIDDLESEX HOSPITAL.—Operations, 1 P.M. Operations by the Obstetric Physicians on Thursdays at 2 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesday and Thursday, 1.30 P.M. Surgical Consultations, Thursday, 1.30 P.M.

ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour

LONDON HOSPITAL.—Operations, 2 P.M. Thursday & Saturday, same hour.

GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.

CHILDREN'S HOSPITAL, GREAT ORMOND-STREET.—Operations, 9.30 A.M.; Surgical Visits on Wednesday and Saturday at 9.15 A.M.

LONDON POST-GRADUATE COURSE.—Hospital for Consumption, Brompton: 4 P.M., Mr. Rickman J. Godlee: Surgery of the Thorax.—Royal London Ophthalmic Hospital: 8 P.M., Mr. Quarry Silcock: Ophthalmoscopic Cases.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 P.M. Prof. W. H. Battle: Some Points relating to Injuries to the Head.

OBSTETRICAL SOCIETY OF LONDON (20, Hanover-square, W.).—8 P.M. Specimens will be shown by Mr. J. Bland Sutton and others. Dr. Dakin: Dissection of a Foetus the subject of Retroflexion, Ectopia Viscerum, &c.—Dr. E. Sinclair Stevenson: Case of Spurious Pregnancy simulating Ectopic Gestation.—Dr. Lewers: On Plugging the Uterus in severe cases of Post-partum Hæmorrhage.—Dr. Boxall: Fever in Childbed; General Hygiene and Antisepsis.

Thursday, June 5.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Surgical Consultations, Wednesday, 1.30 P.M. Ophthalmic Operations, Friday, 1.30 P.M.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Ear and Throat Department, 9 A.M.

LONDON POST-GRADUATE COURSE.—National Hospital for the Paralysed and Epileptic: 2 P.M., Dr. Ormerod: Peripheral Neuritis.—New Infirmary, Paddington: 4 P.M., Mr. Jonathan Hutchinson: Clinical Lecture on Surgical Cases. 5 P.M., Dr. Savill: Post-mortem Examinations.

ROYAL INSTITUTION.—3 P.M. Prof. Dewar: Flame and Explosives.

ZOOLOGICAL SOCIETY OF LONDON (Lecture Room, Society's Gardens, Regent's-park).—5.30 P.M. Mr. F. E. Beddard: The Colours of Animals. (Davis Lecture.)

Friday, June 6.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
LONDON POST-GRADUATE COURSE.—Bethlem Hospital: 11 A.M., Dr. R. Percy Smith: Clinical Demonstration.—Hospital for Consumption, Brompton: 4 P.M., Mr. Rickman J. Godlee: Surgery of the Thorax.
LONDON HOSPITAL MEDICAL COLLEGE.—4 P.M. Mr. Jonathan Hutchinson: Stone in the Bladder.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 P.M. Prof. W. H. Battle: Some Points relating to Injuries to the Head.
ROYAL INSTITUTION.—9 P.M. Prof. W. Boyd Dawkins: The Search for Coal in the South of England.

Saturday, June 7.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; and Skin Department, 9.15 A.M.
ROYAL INSTITUTION.—3 P.M. Rev. S. Baring-Gould: The Ballad Music of the West of England. (With Musical Illustrations.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, May 29th, 1890.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Maximum Temp. Shade.	Min. Temp	Rainfall.	Remarks at 8.30 A.M.
May 23	30·23	S.E.	61	54	116	73	50	..	Bright
,, 24	30·05	E.	62	58	122	79	52	..	Bright
,, 25	29·94	E.	69	61	119	79	56	..	Bright
,, 26	29·95	N.E.	56	51	117	63	48	..	Cloudy
,, 27	29·99	N.E.	54	50	113	63	46	..	Cloudy
,, 28	30·10	N.	53	47	95	60	47	..	Cloudy
,, 29	30·16	N.W.	57	51	101	64	50	..	Cloudy

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news paragraphs should be marked and addressed "To the Sub-Editor."

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

We cannot undertake to return MSS. not used.

CATALEPSY AS A SEQUELA OF INFLUENZA.

THE neurotic sequelæ of influenza seem engaging more attention abroad than at home, probably from their symptoms being more pronounced than on this side the Channel. "Nona," as it is called, if something more than the somnolence succeeding the exhaustion of influenza, has been thought in Upper Italy to have much in common with catalepsy—one case, indeed, amounting to the "apparent death" of Pacini. This is reported from Como. The patient, Pasquale Ossola by name, had to all appearance died, and a certificate to that effect, after due consultation, was drawn up and signed. Already it wanted but an hour or so to the interment, when the "corpse" began to move spontaneously and to exhibit signs of returning life. The relatives of the supposed dead man at once called in assistance, and though animation and consciousness, even to recognition, were restored, the resuscitation was not maintained, and the patient died. Fortunately, the funeral had been arranged on the traditional lines, and the faint chance of return to life was not extinguished by cremation.

THE LORDS' COMMITTEE ON THE LONDON HOSPITALS.

To the Editors of THE LANCET.

SIRS,—Permit me to point out that a slight mistake has been made in the article on the Lords' Committee on Metropolitan Hospitals, which appeared in THE LANCET of the 24th inst. It is there stated that the selection of out-patients for treatment rests with the porter. The new cases admitted on each out-patient day for treatment by the assistant physician and assistant surgeon (fifteen to each officer) are, however, selected by the resident medical officer, who chooses from among those applying the cases most needing treatment.

I am, Sirs, your obedient servant,

St. George's Hospital, May 28th, 1890. C. L. TODD, Secretary.

"PARISH GUARDIANS AND OVERLAIN CHILDREN."

IN our annotation with the above heading, published last week, p. 1136, we inadvertently credited the medical officer of the City Workhouse with the good work of urging on the guardians the advantage of introducing cots in the lying-in ward for the use of infants. We are informed that the gentleman who thus interested himself in the welfare of the helpless ones is Mr. P. A. Kelly, one of the guardians.

Dr. Roche.—Our correspondent seems to have misapprehended Dr. Thorne's law of sanitation "spread out." He is much too well versed in the principles of sanitary science to have suggested increased superficial area at the expense of cubic space. Surely, Dr. Roche must be aware that a room with abundant cubic space might be the reverse of healthy if there were a great deficiency of superficial area. His reference to churches and theatres is quite out of place in considering the sanitary conditions of barrack rooms. From our correspondent's remarks on the cause of the insanitary condition of the Royal Barracks, Dublin, we infer that he has not seen the account of the discovery of the condition of the drains which was made in the progress of recent changes, and to which we called attention in our issue of March 15th last.

THE LEPROSY CASE AND MEDICAL INSPECTION OF EMIGRANTS AT LIVERPOOL.

To the Editors of THE LANCET.

SIRS,—It is a matter of duty to warn the young ship surgeons in the Atlantic passenger trade of the unfortunate fact that a genuine case of leprosy in the person of a respectable Swedish emigrant arrived last month from Sweden, travelled across England undetected, in Liverpool mixed with other steerage passengers, escaped the notice of the medical officials of an Atlantic steamship company, and passed the medical inspection, on the sailing day for Boston, by the Board of Trade's medical emigration inspector as only a case of skin disease. On shipboard she was in constant contact with other passengers, until detected by the United States quarantine doctor at Boston. She was then immediately isolated, not allowed to land on American soil, pronounced to be a case of genuine leprosy by the Boston scientists, and sent back to Liverpool by the same company at no inconsiderable expense and loss of prestige. The enclosed cuttings from the local newspapers will show the natural anxiety of the editors to throw doubt upon the diagnosis; but even the Board of Trade officials have joined in the consensus of the Liverpool medical evidence that the Boston doctors were correct in their opinion. On my personal inspection of the case with the senior surgeon of the workhouse hospital, the patient's face alone, without looking at the ulcerated finger-joints, satisfied me that she was suffering from genuine leprosy. I had studied the disease in India and Mauritius when in the Army Medical Service.

May I suggest that the record of this case in THE LANCET will have the practical result of inducing the great shipping companies to afford sufficient time for these important medical inspections? Any undue haste on the part of the lay shipping officials, naturally anxious to get their passengers quickly "passed by the doctor," is liable to hurry the young surgeon in the discharge of this international duty, bearing in mind that he has no *locus standi*, and that in the eyes of the shipowners "to fill up the ship and make her pay" is probably of more importance than attention to hygienic precautions.

I am, Sirs, yours faithfully,

Bootle, May 26th. C. H. LEET, F.R.C.S.

OLIVER GOLDSMITH.

To the Editors of THE LANCET.

SIRS,—In a copy of the "Citizen of the World," edition 1818, in my possession, the book is inscribed as the work of Oliver Goldsmith, M.B. In the biographical notices of this author that I have come across in the course of my readings no mention is made, that I can recollect, of his being entitled to the use of this degree. Perhaps through your influential columns I can get information as to Goldsmith's title to this degree, either gained by examination or conferred as an honorary distinction in recognition of his eminence in literature. The old edition referred to is published by Messrs. Archer and Burnside, 18, Capel-street, Dublin.

I am, Sirs, your obedient servant,

Birmingham, May 27th, 1890. JOHN GODSON.

*** There appears to be no very authentic evidence of Oliver Goldsmith having obtained a medical degree. He certainly passed some time in the study of medicine, and affirmed that he received a doctor's degree from the University of Padua; but the fact, if it be a fact, rests upon his own unsupported testimony.—ED. L.

HUNTING SUSPENDER.

To the Editors of THE LANCET.

SIRS,—I observe an illustration in your issue of May 17th of a suspender. I registered one some time ago of a much simpler and less expensive description (photograph enclosed). By means of this I was enabled to conduct a large general practice without a day's intermission, although suffering from orchitis ending in a large abscess. This hunting suspender is made by Lord, 48, Conduit-street. It costs only a few shillings, and can be adjusted to fit anyone. I always wear it now for riding. I really think this is worth bringing to the notice of the profession. I remain, Sirs, yours faithfully,

Selhurst-park, May 22nd, 1890. J. G. CARRUTHERS, M.R.C.P. Edin.

"SIX YEARS IN BED.—AN APPEAL."

MR. HUTCHINSON wishes to acknowledge the following further contributions in aid of Dr. C——: Dr. Lediard (Carlisle), £2 2s.; Mr. Sewill (Wimpole-street), £2 2s.; Mr. John Shaw (Hampstead), £2 2s.; Mr. Davies-Colley, £1 1s.

M.R.C.S.—Such practices are not honourable; but they cannot be remedied by removal from the Register.

THE PUBLIC HEALTH MEDICAL SOCIETY.

To the Editors of THE LANCET.

SIRS,—Will you kindly allow me, on behalf of the Council of the above Society, to inform those of your readers who possess a public health qualification that the Society will be very glad to see them at their annual meeting and dinner on Thursday, June 5th, at the Holborn Restaurant, at 7 P.M.? The Council are of opinion that it is very desirable an effort should be made by those gentlemen possessing public health diplomas to meet together once a year. Full information can be obtained on application to the address given below.

I am, Sirs, yours faithfully,

CHARLES A. CAMERON, President.

Office, 101, Great Russell-street, Bedford-square,
May 23rd, 1890.

"URINE TESTING IN PREGNANCY."

To the Editors of THE LANCET.

SIRS,—I am obliged to Dr. Fyffe for calling attention, in your issue of to-day, to a printer's error in a paper of mine, which I had overlooked. The word "heated" should be *treated*.

I am, Sirs, yours faithfully,

Harley-street, W., May 24th, 1890. G. ERNEST HERMAN.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Burdon-Sanderson, Oxford; Dr. Russell Reynolds; Dr. Lawless; Dr. Grally Hewitt, London; Mr. Jessett, London; Dr. Gowers; Prof. Attfield, London; Dr. M. Handfield-Jones; Dr. Savage, London; Sir C. A. Cameron, London; Dr. G. E. Herman, London; Dr. Cullingworth, London; Prof. Corfield, London; Dr. Brand, Driffield; Dr. Hermann Welsch, Kissingen; Dr. Palschkowski, Berlin; Messrs. W. H. Smith and Son, London; Dr. H. H. A. Beach, Boston, U.S.A.; Dr. Fletcher Beach, Darenth; Mr. P. S. Hutchinson, Darenth; Messrs. Wheatley and Co., London; Dr. J. W. Ogle, London; Dr. Q. C. Smith, Austin, Texas; Dr. Goodridge, Bath; Dr. Peregrine, London; Mr. Balding, Royston; Dr. Eager, Bristol; Mr. Kelly, London; Mr. W. Bousfield, London; Dr. Althaus; Dr. Money; Mr. Bellamy, London; Mr. C. L. Todd, London; Dr. Burnet, London; Mr. Webb, Hants; Dr. Newman, Washington; Mr. Lowther, Ventnor; Mr. J. M. Richards, London; Mr. Aymaud, Ipswich; Mr. A. W. D. Leahy, Hyderabad; Dr. Ward Cousins, Southsea; Mr. A. Neve, Kashmir; Messrs. G. Street and Co., London; Dr. Rentoul, Liverpool; Dr. Nooth; Messrs. Battle and Co., Paris; Dr. D. E. Anderson, Paris; Mr W. R. Townsend, New York; Dr. W. R. Smith, London; Dr. Haig, London; Messrs. Lloyd and Mark, London; Mr. H. Taylor, Guildford; Messrs. Mitchell and Co., London; Mr. G. W. Mackintosh, Manchester; Messrs. Oliver and Boyd, Edinburgh; Dr. F. P. Atkinson, Surbiton; Messrs. Kilner Bros., King's-cross; Dr. P. Abraham, London; Dr. Remondino, San Diego; Dr. W. Sharp, Rugby; Dr. Auld, Glasgow; Mr. I. H. Jones, Bury; Dr. Pullin, Plymouth; Mr. Nance, Norwich; Dr. Embleton, Newcastle-on-Tyne; Mr. Page, London; Mr. Hagyard, Bath; Mr. R. G. Waugh, London; Mr. Watt, Hovingham; Mr. Marriott, Swaffham; Dr. Hankins, London; Dr. Rumball, Melksham; Mr. Allman, Liverpool; Mr. Dowell, London; M. Brébant, Earl's-court; Mr. Frowde, London; Mr. Ker, Halesowen; Mr. Stone, Newport; Mr. Hardman, Oldham; Dr. Mason, Sheffield; Dr. Byers, Belfast; Dr. T. Williams, London; Mr. Macarthur, Oban; Mrs. Perry, Oxford; Dr. Urquhart, Perth; Miss Ramsden, Yorks; Dr. Renton, Yorks; Mr. Gurner, Pall Mall; Mr. Gibson, Aberystwith; Mr. Jones, Liverpool; Mr. Frost, London; Mr. Shaw, Dublin; Mrs. Pakenham, London; Prof. Roy, Cambs; Mr. Williams, Carmarthen; Mr. Little, London; Mr. Box, Sutherland; Mr. Blackett, London; Mr. A. D. Cooper; Mr. Scarth, Bournemouth; Secretary, General Hospital, Bristol; Londoniensis; D.; B. J. E. W.; M.R.C.S.; Scrutator; Rev. W., Salisbury; Shorter Hours; Share, London; Cicero, London; Solicitors' Law Stationery Society, London; J. F., Edinburgh; Surgeon-Major I.M.D.; Sanitas Co., London; J., London; Sigma, London; B.A., London.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Hale White, London; Dr. Shirtliff, Kingston-on-Thames; Dr. Henry, New South Wales; Mr. Graham, Berrowstonness; Dr. Phillip, Virginia Water; M. Trommsdorff, Germany; Messrs. Duncan, Flockhart, and Co., Edinburgh; Dr. Green, Gateshead-on-Tyne; Mr. Jones, North Wales; Mr. Fox, Norfolk; Dr. Swann, Balley; Mr. Nicholls, Bury St. Edmunds; Mr. Newman, London-bridge; Messrs. Pearson and Co., Dublin; Messrs. Johnstone, Edinburgh; Messrs. Wyleys and Co., Coventry; Dr. Clark, Luton; Mr. Evans, Radnor; Messrs. Moat Bros., Belfast; Mr. Purland, Woolwich; Mr. Vacher, Birkenhead; Dr. Humphreys, Montgomery; Mr. Tully, Hastings; Miss Ungent, Berks; Mr. Mason, Sudbury; Mr. Hensley, Jersey; Mr. Appleton, Cornwall; Mrs. Levick, Paris; Mr. Taylor, Norwich; Mr. Thorpe, Bradford; Dr. Moore, Godalming; Mr. Storr, Haslemere; Mr. Tyte, Minchinhampton; Mr. Sandford, Whittington; Dr. Sankey, Shrewsbury; Mr. Hearn, Darlington; Mr. Mason, Pontypool; Mr. Balding, Royston; Dr. Barr, Liverpool; Dr. Saunder, Yorks; Mr. Winckworth, Beds; Mr. Whitney, Liverpool; Mr. Thin, Edinburgh; Mrs. Blasson, Lincolnshire; Mr. Morton, London; Mr. Sleman, London; Dr. Jones, Hyde-park; Dr. Skrimshire, Norfolk; Mr. Ramsden; Messrs. James and Co., London; Mr. Hornibrook, Bloomsbury; Messrs. Brady and Martin, Newcastle-on-Tyne; Dr. Edwards, Paris; Messrs. Read and Co., Bristol; Dr. Shortridge; Mr. Menzies, Northwich; Mr. Heywood, Manchester; Matron, London; Junius, Derby; Secretary, Hulme Dispensary, Manchester; M. R. C., London; Lex, London; Jeyes' Sanitary Co., London; B. A., London; X., Liverpool; Metropolitan Convalescent Institution, Kingston-on-Thames; Medicus, South Hackney; J. C. H., London; X. Z., London; Secretary, Hospital for Women, Soho-square; W. K., London; X. Z., Essex; Secretary, Eye Infirmary, Wolverhampton; Sigma, London; Secretary, Rochdale Infirmary; M.D., Bayswater; W. P. B. G., Dorset; Medicus, Wakefield; Massage, London; Theophilus, London; Dr. H., Ryde; C. A. Stratford; W. H. V., London; F.R.C.S. Edin., London; Medicus, Edinburgh; Mayo, London; J. L. L., London; W. P., Suffolk; M.D., Liverpool; M. F. P., Uttoxeter; M.D., Canonbury; Doctor, Manchester; M. X., London; J. B. R., London; Kappa, London; T. J., London; Lex, Liverpool; Vivian; Z., Loughboro'; L. P., London.

NEWSPAPERS.—*Wigan Observer, Surrey Advertiser, Newcastle Leader, Local Government Chronicle, Dundee Advertiser, City Press, Sussex Daily News, Reading Mercury, Sheffield Daily Telegraph, Weekly Free Press and Aberdeen Herald, New York Herald (London), Hertfordshire Mercury, Kilkenny Journal, Sunday Times, Jewish Chronicle, North British Daily Mail, Leeds Mercury, Builder, Glasgow Evening Citizen, Broad Arrow, Metropolitan, Echo, Bristol Mercury, Chemist and Druggist, West Middlesex Standard, Commonwealth, Birmingham Daily Gazette, Nursing Record, Northern Whig, Mining Journal, Law Journal, Spectator, Hospital, Bury Free Post, Scotsman, Star, Pall Mall Gazette, Windsor and Eton Express, Staffordshire Advertiser, Derby Express, St. James's Gazette, Evening Post (Exeter), Public Opinion, Worcestershire Chronicle, The Schoolmaster, Literary Digest, Morningside Mirror, Dietetic Gazette, Architect, Home News, English Mechanic, Newcastle Daily Chronicle, Manchester Courier, Liverpool Courier, Liverpool Post, &c.*, have been received.

SUBSCRIPTION.

POST FREE TO ANY PART OF THE UNITED KINGDOM.

One Year ..... £1 12 6 | Six Months £0 16 3

TO CHINA AND INDIA ..... One Year 1 16 10

TO THE CONTINENT, COLONIES, AND UNITED STATES ..... Ditto 1 14 8

Post Office Orders and Cheques should be addressed to The Publisher, THE LANCET Office, 423, Strand, London, and crossed "London and Westminster Bank, St. James's-square."

ADVERTISING.

Books and Publications (seven lines and under)	£0	5	0
Official and General Announcements	0	5	0
Trade and Miscellaneous Advertisements	0	4	6
Every additional Line	0	0	6
Front Page per Line	0	1	0
Quarter Page	1	10	0
Half a Page	2	15	0
An Entire Page	5	5	0

The Publisher cannot hold himself responsible for the return of testimonials, &c., sent to the office in reply to advertisements; copies only should be forwarded

NOTICE.—Advertisers are requested to observe that it is contrary to the Postal Regulations to receive at Post Offices letters addressed to initials only.

An original and novel feature of "THE LANCET General Advertiser" is a special Index to Advertisements on pages 2 and 4, which not only affords a ready means of finding any notice, but is in itself an *additional* advertisement.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday, accompanied by a remittance.

Answers are now received at this Office, by special arrangement, to advertisements appearing in THE LANCET.

Terms for Serial Insertions may be obtained of the Publisher, to whom all letters relating to Advertisements or Subscriptions should be addressed.

Advertisements are now received at all Messrs. W. H. Smith and Son's Railway Bookstalls throughout the United Kingdom and all other Advertising Agents.

Agent for the Advertisement Department in France—J. ASTIER, 66, Rue Caumartin, Paris.

METROPOLITAN HOSPITAL SUNDAY FUND.

THE LANCET SPECIAL SUPPLEMENT.

Published in aid of the Appeal to be made on Sunday, the 8th June, 1890.

MEDICAL CHARITIES OF THE METROPOLIS.

IN pursuance of our annual custom we present our readers to-day with a statement of the claims of the London hospitals and medical charities to benevolent support. The problems which a vast city presents always wear a special and formidable aspect; but in the case of London these problems assume their most bewilderingly exaggerated proportions. The commonest necessaries of life have to be procured and placed within the reach of the dweller in this gigantic metropolis at an enormous expenditure of labour and money. Even the light of heaven can only be secured, and then imperfectly, by the vigilant and rigorous enforcement of Acts of Parliament which limit the height of buildings and control the production of smoke. Such are the dimensions to which the smallest problems expand when a population like that of London has to be accommodated within an area of a hundred and twenty square miles. The industries of the metropolis consist in no small proportion of the work which has to be undertaken for their solution. Every morning trains freighted with dairy produce arrive in long succession at all the principal terminal stations, bringing tribute from the surrounding country, while along the main roads which lead into the suburban and adjacent rural districts long processions of wains wend on their rumbling way to the markets, from which the great process of distribution to the consuming population takes its rise. Thus are our breakfast tables spread, and thus are the supplies obtained by which our daily wants are satisfied.

When fully realised this makes a very striking picture, especially when it is borne in mind that the vast aggregate of retail trade daily transacted in London is mainly concerned with the administration of such provision for the necessaries of life; but vast and complicated as the system of retail trade in London is, it deals only with the simplest of the problems which our complex urban life presents. At the other end of the scale, offering for solution the most profound and intricate problems, are those conditions which arise as the result of disease and accident. The task of tendance on the sick is sufficiently trying even when it is simplified by all the facilities and alleviations which wealth and skill can afford; but it becomes absolutely overwhelming when confined living space, inadequate food, insanitary dwelling accommodation, the lack of self-control and trained sympathy on the part of members of the household are added. To rescue the sick poor from abject misery like this, to provide them in their hour of bitter need with the indispensable requisites of the sick-room, is the problem to which the hospital workers of London have addressed themselves. In lifting for an hour the veil which hides their magnanimous drudgery from public view, we propose to-day to draw attention especially to the multifarious character of the work which they do, to show how minutely and carefully it has to be adapted to an almost infinite variety of circumstances and conditions, and to indicate how the vast aggregate of work done is, so to speak, multiplied by the necessity imposed upon those who undertake it of dealing with individual cases, and the consequent need for unremitting attention and constant preparedness at every point. On previous occasions we have spoken of the volume and general routine of hospital work; on the present we deal with its adaptation to the emergencies of sickness in the ranks of poverty and the idiosyncrasies of person, time, and place.

LOCALITY.

Foremost among these adaptations may be mentioned that of locality. To be thoroughly efficient, a hospital must be situated in the midst of the population which it is intended to serve. To a very large extent it does happen that hospital accommodation is sought by persons who reside at a distance from the institutions at which they receive treatment. This results from many causes. The system of securing admission by means of a governor's letter of recommendation is in part responsible for it. In part also it arises from the circumstance that the high reputation of the London hospitals annually attracts large numbers of patients from the surrounding country districts, who by a sublime paradox seek and find an asylum amid its turmoil and its throng. But when all allowance is made for these exceptional cases, the broad fact remains that, to be thoroughly efficient, the hospital must be maintained in the heart of the population. It is, for example, often in a case of accident a question of life and death whether the patient has to be carried one mile or three before obtaining medical aid. And again, in the case of out-patients, whose treatment forms a very large part of the work of almost all the great hospitals, easy accessibility is obviously a matter of the very first importance. Now, it may seem at the first glance as if it were a matter of comparative indifference so far as the working is concerned where a hospital should be situated, but in fact this is not so. The work of such an institution as the London Hospital in Whitechapel is in no small measure rendered more difficult by its remoteness from more favoured localities. In the first place, the visiting medical staff whom professional considerations, and probably also personal choice, lead to reside in distant quarters of the town, find the space to be traversed no inconsiderable addition to their daily labours. Again, an even more serious disadvantage is that the building, standing apart from the resorts of the affluent, is an unfamiliar object to those by whose charities its work is mainly supported on the financial side, and upon the old principle—out of sight, out of mind—the institution itself is consequently often overlooked. It would probably be safe to speculate that for every one among the readers of these lines who is familiar with the long brick front of the London Hospital, ten might be found to whom St. George's is an everyday object of interest. The pecuniary significance of this fact will be easily appreciated. It constitutes an item, and that an important one, in the problem which the managers of the London Hospital have to solve.

RANGE OF TREATMENT.

Another difficulty of hospital management arises from the great variety of the maladies which come to them for treatment. In a general hospital, cases both surgical and medical have daily to be dealt with, and cases not only of extreme urgency, but of extraordinary variety also. In the medical wards, for example, provision has to be made for the treatment of general disorders, such as rheumatism in its various forms, or anæmia, and a dozen or a score of other less familiar diseases which affect the entire system or arise from a thoroughly bad condition of the general health. At the same time, every part of the system and every organ

in the body contributes its own special forms of disease. Among the most common and most severe are the various forms of paralysis and such nervous disorders as hysteria and epilepsy. Another large contingent is furnished by heart disease and the peculiarly distressing maladies which affect the circulatory system; whilst most numerous of all are the cases of throat and lung disorder, of which the conditions of urban life are so highly provocative. This list might easily be extended to inordinate dimensions without exhausting the work of an ordinary general hospital in its medical wards, but enough has been said to give even the cursory reader an impression of the wide diversity of conditions which the successful conduct of such a department involves. One patient must be assiduously watched, another must be provided with facilities for the most profound repose, a third demands elaborate treatment, with such appliances as medically prescribed baths and the like, while the precise nature of the provision to be made varies from day to day, and even from hour to hour. Hence, notwithstanding the large numbers which are recorded, there is no possibility of dealing with them in groups or masses. They must be treated in detail, and the need of a supervising mind is just as ever-present as the need of a skilled and willing hand.

In the surgical department the diversities presented by various cases are no less striking. Every operation known to the surgeon's art falls, at some time or another, to be performed, from the simplest instance of bandaging a cut finger or a bruised head up to the severest case of amputation or excision. It is in consequence of this wide range of practice that a large and expensive repertory of surgical instruments and appliances must be created and maintained; and, indeed, so perfect in this respect is the provision made that it may well be doubted if any place is so well adapted to the treatment of a severe surgical case as a great hospital. Higher practical skill, more solicitous care, better equipment, are nowhere to be found than on such an occasion the hospital ward furnishes to the poor patient who seeks surgical aid. But the creation and maintenance of such provision in an efficient state are, of course, matters involving the most constant and careful attention. The yearly, almost daily, advances of science and invention make corresponding improvements in the practice of surgery, and in the appliances at the surgeon's command, not only possible, but essential parts of a well-found hospital equipment. Thus, to keep pace with the times, it is necessary that hospital managers should not only maintain their existing appliances in a state of high efficiency, but should also be constantly improving and adding to their stock, and adapting the means at their disposal to the most approved methods of practice. In all these respects the record of the metropolitan hospitals is one for which the highest recognition may be challenged. Their patients obtain the advantage of all that the latest science can produce; but, on the other hand, their resources are not squandered upon abortive experiments.

ADMISSION OF PATIENTS.

It is not, however, in respect of material considerations only that the organisation and work of the hospitals have to be carefully and accurately adapted to the needs of the poor. It has been found, as indeed might have been foreseen, that too indiscriminate an opening of the hospital doors to all comers leads to very serious misuse of the accommodation which the hospitals afford. This is especially the case in the out-patient department. At institutions where no attempt is made to limit the admission to persons properly qualified to receive the charity a large abuse of the privilege occurs. People present themselves for free treatment who could well afford to bear the small expense of privately consulting a medical man, or who might and should provide against the time of sickness by means of a subscription to some provident dispensary. Such cases are wholly out of place in the out-patient department of a hospital, and their intrusion there is a serious injury not only to the overworked medical staff, but also to their poorer fellow-sufferers; and indeed it is to these latter that the more serious mischief is done; for such is the state of repletion to which the out-patient department has in many instances been brought, that numbers of deserving cases are literally crowded out. Even short of this, the discomfort, and in some cases the strain, of prolonged waiting amid a throng of patients is a serious source of inconvenience, and even perhaps of danger. It will thus be seen that the question of restricting the benefits of gratuitous advice to those who may fitly receive it is one in the solution of which the poor are themselves most deeply interested, and the efforts which are being made with this object thus become matter of interest to all supporters of the hospitals.

The plan which has been adopted with this object is to appoint an officer whose duty it is to inquire into the pecuniary means of applicants for out-patient assistance, and to refuse admittance to such as he finds to be beyond the need of gratuitous aid. An investigation of this kind presents many difficulties, and it would be too much to say that the plan has yet proved fully successful. But it is being systematically worked out, and it may at least be hoped that it will in the end fulfil the expectations of its promoters.

CONVALESCENT HOMES.

Another branch of hospital work which has received a very considerable development in recent years is the provision of convalescent homes, to which patients can be drafted at that stage in their recovery at which they are fit to be removed from the hospital ward, but not fit to resume their accustomed duties. This period of convalescence is one of the most trying in the history of a poor patient's recovery. The rules and practice of the hospital do not allow him to monopolise a bed for which there are other claimants with more pressing claims than his; nor, if they did, would the hospital ward be a suitable place for him at this stage. Speaking generally, the locality and the regimen are both but ill adapted to promote the recovery of strength lost in the course of a severe or protracted illness. Hence the interests both of the patient and of the institution point to his transfer to a convalescent home as eminently desirable. On the one hand, it prevents his premature return to the scene of his daily toil; and on the other, it saves the resources of the hospital from being expended, more or less in vain, upon a case to the needs of which they are perhaps wholly unsuitable. To meet cases of this class convalescent homes have been founded, and Samaritan funds have been opened in connexion with most of our large hospitals; while supplementing these are a number of independent institutions of the same kind, whose doors stand open to convalescent patients drawn from any hospital or from none at all. A more useful charity than this could hardly be suggested, and its usefulness is the more apparent at the present time from the circumstance that the existing provision of accommodation in this form is distinctly insufficient to the requirements of the case. Such homes are, almost of necessity, individually small, and hence, although the list which we publish on another page numbers some score of institutions of this kind, the total accommodation is much less than these numbers would suggest, and might with great advantage be augmented very considerably if the necessary pecuniary support were forthcoming. The benefit of a change of air and scene is one perhaps of the best understood and most highly appreciated remedial agents known in the healing art, and it can hardly be in vain that an appeal in the name of these convalescent homes should be made to the charitable public. Those who enjoy the fullest health know what exhilaration is to be gained from a well-chosen and well-spent holiday, and everybody, therefore, who gives the subject but a moment's thought will be able easily to understand how inestimable is the boon to a poor man or woman recovering from an exhausting illness of an opportunity of recuperating in the bracing air of some sea coast resort, or the balmy atmosphere of some sheltered nook on the country side. The convalescent home is, indeed, in many cases the necessary complement of hospital treatment, enabling the patient to make a good recovery, and saving him weeks, perhaps months, of helpless and almost hopeless struggle with inimical surroundings in enfeebled health.

COTTAGE HOSPITALS.

Another development of hospital provision which claims the sympathy of the charitably disposed reminds one strangely of the curious conditions under which London has grown to its present extraordinary dimensions. This vast city, with its gigantic industries, its teeming population, and its abounding wealth, has come into existence at a spot which nature would seem to have destined, not as a centre of urban activity, but of agricultural pursuits. Its soil furnishes no mineral wealth, its docks lie at a considerable distance from the ocean, and if it enjoys the advantage of unrivalled railway communications, that is only

because railways are of so recent invention that when the first railways were built and the railway system was being designed London was already the first city in the realm, or, indeed, in some respects the first city in the world. Hence it comes to pass that all about London on every side lies a great tract of country devoted to the primeval industry of agriculture, and at many points within the metropolitan county this rural district transgresses the boundary and obtrudes itself with welcome incongruity upon the town. In such localities a population may be found having many of the characters of rustic folk. Instead of thronging together in crowded streets they dwell dispersed in cottages distributed among the fields or assembled in villages by the roadside. For them the characteristic London hospital is not available. They are too sparse to support such an institution in their midst; they are too distant from the centres of population to be able to make effective use of the large hospitals which exist in more densely populated neighbourhoods. To meet their necessity, which is none the less pressing because their numbers are comparatively small, cottage hospitals have been established in these localities, and supply in an admirable manner the local need.

SPECIAL HOSPITALS.

There is yet another development of hospital activity which demands especial mention in this connexion, and that is, the work of the special hospitals. For most of the medical needs of a locality the provision made in general hospitals is sufficient, and it is right therefore that any proposal to establish a special hospital should be very carefully considered before receiving the sanction of public approbation and support. But there are some maladies which demand special treatment, and can only be safely or effectively dealt with in a separate institution. The fever hospital is a noteworthy case in point. Cases of infectious fever cannot, of course, be admitted to the wards of a general hospital, and yet no class of malady is more proper to be treated in hospital. Such treatment is indicated not only by the requirements of the patient, but also, and even more peremptorily, by the requirements of those by whom he is surrounded. The difficulty of isolation, sufficiently great in any circumstances, grows into an impossibility in a case of scarlatina or small-pox occurring in a humble dwelling. For such cases it is true that provision is made by the hospitals under the control of the Metropolitan Asylums Board, and hence the London Fever Hospital does not deal with the bulk of such cases which arise. It is intended to meet the case of patients who are not desirous of receiving public charity, and hence a small charge is made upon admission. The cost of maintaining and working the establishment is, however, considerably in excess of the revenue so derived, and the balance has therefore to be made good by voluntary support.

Others among the special hospitals of London might be mentioned which have claims upon public sympathy. Let it suffice to say in general terms that whatever skill or knowledge has been acquired by the devotion of lifelong study to medicine or surgery has always been ungrudgingly bestowed upon the sick service of the poor, and that, whether in the wards of the general or of the special hospital, the highest skill and warmest sympathy are constantly lavished upon the treatment of their maladies.

SCHOOLS OF MEDICINE.

To one other topic only will we allude in this connexion, and we refer to it because it is a branch of hospital work which has been strangely undervalued, and even disparaged, by some who should have known better. We refer to the valuable assistance which students render at institutions to which there are schools of medicine attached. It is, we fancy, very commonly supposed that students "walk" the hospitals for no one's benefit but their own. It is assumed that, as the process forms a part of their professional education, the education to be derived from it is the be-all and the end-all of the process. The fact is very different. Students take an important, albeit subordinate, part of the daily work of a hospital. To them is entrusted the compilation of a large part of the hospital record of cases, and many systematic observations which it is valuable to have recorded are taken by them. Unless their ready and abundant help were forthcoming for the purpose, many of these observations would not be made at all, and a task, not of capital importance, but still of distinct value, both to the patient himself and to science at large, would remain unperformed. But this is by no means all. Cases are constantly arising in which students render services of indispensable importance. One such case occurs to mind as we write as having been reported only a week or two ago in the pages of THE LANCET. The case was one of aneurysm rendered exceptionally difficult to treat by the disordered condition of the patient's heart and arteries. The treatment resolved upon, and which eventually effected a cure, was that of compressing the damaged artery by means of the fingers, and involved a very long continuance of the pressure. This was resorted to on six different dates, and for periods varying in duration from twelve to thirty-six hours. It will readily be understood that the performance of such an operation would have been quite impossible had it not been for the aid which a number of students rendered, taking turns at the work of compression, and so relieving one another, and making a prolonged continuance of the laborious duty possible. The alternative in this case would have been a severe cutting operation, involving certainly a tedious recovery and contingently no little risk to life.

THE DISTRIBUTION OF THE FUND.

This brief sketch of the way in which the hospitals of London deal with some of the problems presented to them must serve for the present to bring before the minds of our readers the feature which constitutes their best claim to benevolent support—namely, that they are efficiently performing the great and onerous task which has devolved upon them. There are, no doubt, varying degrees of efficiency among them; for it is impossible that one uniform standard should be attained by a number of institutions under different managements and situated amid different circumstances. It is on this account the more important that the various institutions should be put into comparison, and in a sense into competition, with one another, in order that a useful emulation may be stimulated. To this most desirable end the work of the Hospital Sunday Fund Council most powerfully contributes. The awards which it makes out of the fund are apportioned according to the claims of the various institutions; and in estimating these claims regard is had not only to the amount of relief afforded, but also to the kind of relief, and to its cheapness, as shown by the hospital accounts. We have on previous occasions explained the principles upon which the Committee proceeds with the work of distribution, but this is a matter of so great importance that we do not hesitate to repeat the description. According to this plan, the accounts of every institution applying for a grant are submitted to analysis. In the first place, its annual expenditure is taken to be a rough measure of its claims upon public support. But from this sum two classes of deductions are made. First, an amount equal to that received by the institution from legacies and realised property is written off. A second deduction is made of a sum equal to that shown to be absorbed in expenses of management. Such expenses are manifestly indispensable; so much so that it is a matter of considerable nicety to draw the line and say: "This is charity; that is mere working expense." But, though indispensable, they are by no means invariable in their proportion to the whole outlay. Hence the necessity for emphasising the sound doctrine that the cheapest service is the best,—with which object this second deduction is made. The sum which remains when these items have been written off affords a basis upon which, subject to corrections, the amount of the award will be calculated. The merits of the charity in itself, and in particular the question of the economical administration of that part of its expenditure which is devoted to specifically charitable uses, have still to be considered, as have also all matters which bear in any way upon its financial needs. It will at once be evident that no private donor can exercise such care as this in the bestowal of his charity. But, by coöperating to assist the Hospital Sunday Fund, the smallest contributor may secure the satisfaction of knowing that his donation is being turned to the best possible account; and they to whom the consciousness of having done a good work well is more precious than the reputation of doing it will know how to value such an addition as this circumstance makes to their means of doing good.

SURGICAL APPLIANCE FUND.

The work of the Hospital Sunday Fund does not, however, end with this task of supervision and distribution. It has been found that a large field of usefulness lies open to the

Committee in connexion with but outside of its hospital work, in the way of providing surgical appliances for the crippled and otherwise disabled poor. No form of need is more pressing than that which surgical appliances supply, but the provision is in many cases beyond the province of the hospital authorities, who can prescribe, but cannot give away expensive instruments. To serve this object a sum equal to about 6 per cent. of the collection is annually set aside, and is distributed in the form of surgical appliances during the year. It may be believed that no part of the public charity is more productive of good, or more immediately and indisputably helpful to the sufferers aided than is this.

SUMMARY.

Such are some of the claims which the Hospital Sunday Fund has upon charitable support. That they will not be laid in vain before the religious bodies of the metropolis the experience of the past seventeen years sufficiently shows. But there is on the present occasion only too much reason to press these claims upon the hearts and consciences of the various congregations of London. Heretofore the collection has year by year augmented in amount, and last year it exceeded any previous year by £1100. Yet, even so, it fell short of the necessities of the case, notwithstanding that it was most zealously supported by the ministers of religion of all denominations, to whose appeals their congregations made a generous response. That the pulpit will come short this year we do not for a moment apprehend. But the only way to hold the ground already gained is to press forward. There will be some among our readers who have never yet realised how unspeakably sad is the lot of the mute multitude which seeks the shelter of our hospital wards, or how great is the good which a little self-denial may effect if it enables those who practise it to add to their contributions to the noble work. To such we should like to commend the experiment. Among those who have been accustomed to take their share in alleviating the appalling sum total of the misery which disease entails upon the poor of London, there will be no difficulty in understanding that in truth "it is more blessed to give than to receive."

Hospital Work in London during 1889.

Beds daily occupied, 6030. In-patients received, 89,595. Out-patients' visits, 2,368,622. Sum expended, £571,483.

THE YEAR'S RECORD OF HOSPITAL WORK.

THE work of the London hospitals during the year 1889 has not been markedly different in any important particular from that of its predecessors; but as we write to-day for readers to whom the details of such work are somewhat unfamiliar, it is fitting that we should depict it more fully than would otherwise be necessary or even appropriate.

MAGNITUDE OF THE WORK.

To speak first of the magnitude of the work. The tables which illustrate this article have been prepared to show statistically how vast are the operations which the hospitals and medical charities of London carry out. The mere figures are sufficiently striking, but figures alone convey only a very vague and inadequate impression to the mind. To realise them it is necessary to clothe them in more concrete forms. Take, then, for example, the number of in-patients received during the year. This is shown to have amounted to 89,595, a number practically equal to the entire population of Preston. These persons became upon an average inmates for a month apiece of some one or another of these beneficent institutions. Let it be imagined that a town of the size of Preston were struck with some malady which left not one person unaffected, and kept 6000 individuals constantly prostrate on the bed of sickness. The consternation which would ensue can be more easily imagined than described. Yet this overwhelming calamity, as it would be if it overtook a town of the size of Preston, is only a part of what annually befalls the metropolis, and the part, moreover, with which the metropolitan hospitals are able to deal. Quietly, unobtrusively, constantly day and night the medical and nursing staff of the London hospitals are struggling against this appalling onslaught of misery, disease, and death; and whatever criticisms may be passed upon them, they do their work so effectively that the ordinary dweller in its midst forgets on 364 days of the year that there are such institutions as hospitals at all, unless, indeed, some mischance brings him face to face with a case of accident or sickness, aggravated by poverty and friendlessness. Then he remembers at once that for all such cases there is medical relief at hand, and to be had for the asking. It can hardly be too much to ask that on the one remaining day, when the religious bodies of the metropolis address themselves to their share in this work of charity, they should be at some pains to understand how vast are the interests which they have undertaken to further.

RELIEF AFFORDED.

When, from considering the misery which demands relief, one turns to consider the relief itself which actually is afforded, a much happier picture meets the view. Our tabulated statement is eloquent upon this head, if its figures are only read aright. Of the 89,595 in-patients received, 37,810 are reported cured and 36,443 relieved. These figures speak for themselves, and require no comment. But with reference to the item of 5899 patients who have died, a moment's reflection may be useful. For it must not be supposed that these represent so many failures on the part of the hospitals to afford relief. On the contrary, in the great majority of these cases the only form of relief possible will be alleviation of the pain of dying. Nor must it be assumed that this is a small advantage. No one who has stood by the bedside of the dying can have failed to feel that any mitigation of the mortal agony is something more than a mere boon; it is a work of truest charity, almost of piety. To have administered the last comforts and to have softened the last struggle in so many cases is certainly not the least among the achievements recorded by the hospitals of London during the past year.

OUT-PATIENT RELIEF.

To this record of work there must be added the relief afforded in the out-patient department. This can hardly be adequately presented to public view. Tabular statements afford but a very meagre representation of it in magnitude and in kind. It is easy to add up visits paid and show a total of 2,368,622 attendances. But it is not easy to estimate either the time and attention bestowed upon them or the relief afforded. The difficulty of doing so arises in part from the extraordinary diversity which the cases present. A few are absolutely trivial, but the majority are cases of serious illness, and some of long-standing and advanced disease. In such cases the work of the out-patient relief is simply inestimable. There are times also when epidemic disorders—such as the influenza which lately visited us—prevail; and on these occasions the poor repair in overwhelming numbers to the hospitals of their neighbourhoods. This circumstance has sometimes, indeed, been made matter for reproach, and it has been said that out-patients are admitted in such large numbers that the medical staff cannot give individual attention and do justice to every case. This is not the place where allegations of that kind can be adequately discussed, but it may be said in a word that over-pressure in the out-patient department undoubtedly does occur especially at times when common ailments, such, for example, as sore-throat or the influenza already mentioned, are prevalent. But even over-pressure does not necessitate inadequate attention to the requirements of patients. It means, of course, delay on the one hand and expedition on the other. The delay is an inconvenience and the expedition is such as no practitioner, dealing with an indiscriminate variety of cases, could attain. But it is quite possible, by classifying and grouping patients, to render the work of examination and diagnosis very much simpler than it otherwise would be, and in this way to combine rapidity with thoroughness in a way to which private practice affords no parallel. Expedients like this are, of course, suggested, and indeed necessitated, by the pressure of hospital work, and they explain much of what on the face of it appears to need explanation. It will, we believe, be found to be the result of a fair criticism of hospital work in this department that upon the whole out-patients secure in kind and quantity combined a measure of aid fully commensurate

TABLE I.

SHOWING, FOR THE GENERAL AND SPECIAL HOSPITALS OF LONDON, THE RESULTS OF WORK DONE DURING THE YEAR 1889. COMPILED FROM RETURNS MADE BY THE SECRETARIES OF THE VARIOUS HOSPITALS MENTIONED, IN RESPONSE TO INQUIRIES BY THE EDITORS OF "THE LANCET."

HOSPITALS.	PATIENTS.						MEDICAL STAFF					
	In-patients received.	Discharged.		Remaining under treatment.	Died.	Out-patients' visits.	Consulting.		Visiting.		Resident medical officers.	Matrons, sisters, nurses.
		Rel'v'd.	Cured.				Phys.	Surgs.	Phys.	Surgs.		
Charing-cross	1948	990	777	153	181	85,728	2	1	10	6	6	53
French	366	94	209	33	29	12,354	—	—	2	4	1	10
German	1434	305	786	106	118	50,613	2	1	3	3	2	11
Great Northern Central	861	179	576	67	75	48,815	1	2	9	9	2	17
Guy's	5404	4097	—	442	505	134,673	2	2	10	15	12	130
Italian	232	16	201	15	6	8,169	1	1	4	2	—	5
King's College	2185	825	812	187	178	25,005	3	2	10	9	7	69
London	—	—	—	—	—	—	—	—	—	—	—	—
Metropolitan	—	—	—	—	—	—	—	—	—	—	—	—
Middlesex	2948	—	2695	—	318	38,880	3	1	10	10	9	74
Miller	184	29	127	6	16	40,000	2	2	3	3	2	5
North-West London	537	212	329	36	36	—	0	0	6	6	2	10
Poplar	745	—	—	—	46	34,780	1	2	0	6	2	10
Royal Free	2019	1845	—	126	161	73,122	1	3	5	4	4	39
St. George's	4582	2511	279	335	376	76,061	4	6	7	10	6	93
SS. John and Elizabeth	146	—	70	50	25	—	1	1	—	—	—	—
St. Mary's	3451	1071	1814	239	343	89,064	2	3	10	13	8	50
Seamen's	2198	763	1236	102	107	34,570	2	1	2	1	—	2
Tottenham	745	131	479	45	72	18,624	—	—	1	2	2	—
University College	3007	1151	1087	180	295	144,455	6	5	10	9	1	38
West London	1369	—	1232	74	137	61,459	4	3	8	9	4	26
Westminster	2412	—	2171	192	209	83,050	1	2	11	8	5	52
City of London (Chest)	940	845	—	113	95	59,635	3	1	12	1	3	15
Consumption, Brompton	1993	1431	—	308	245	71,883	5	1	6	1	2	79
North London for Consumption	—	—	—	—	—	—	—	—	—	—	—	—
Royal, for Diseases of Chest	—	—	—	—	—	—	—	—	—	—	—	—
Royal National, for Consumption	759	518	—	132	41	—	3	—	3	1	2	10
Alexandra	140	18	29	81	3	730	2	3	1	4	—	19
Belgrave	—	—	—	—	—	—	—	—	—	—	—	—
Cheyne	35	3	4	24	2	0	1	0	0	2	0	4
East London	1074	269	552	83	236	41,300	2	1	5	3	3	25
Evelina	654	—	431	69	97	22,024	2	2	4	4	1	29
Home for Children	30	—	1	30	5	—	—	1	1	—	—	4
Home for Sick Children	—	—	—	—	—	—	—	—	—	—	—	—
Sick Children's, Great Ormond-street	733	179	274	96	119	18,893	2	2	8	7	2	42
North-Eastern	—	—	—	—	—	—	—	—	—	—	—	—
Paddington-green	400	309	—	24	68	26,640	2	2	4	4	1	8
Victoria	1000	698	—	66	149	45,154	1	2	6	5	2	14
The "Vine"	—	—	—	—	—	—	—	—	—	—	—	—
British Lying-in	—	—	—	—	—	—	—	—	—	—	—	—
City of London Lying-in	422	—	420	18	2	1,499	1	1	1	10	—	23
General Lying-in	484	—	—	—	—	—	—	—	—	—	—	—
Queen Charlotte's Lying-in	—	—	—	—	4	1,091	3	1	2	0	1	84
Chelsea, for Women	404	152	176	29	10	—	—	—	—	—	—	—
Soho-square, for Women	682	278	283	54	14	11,814	2	2	—	—	1	15
Grosvenor	—	—	—	—	—	29,735	1	—	6	2	1	22
New, for Women	267	90	162	—	6	—	—	—	—	—	—	—
Royal (Diseases of Children and Women)	—	—	—	—	—	16,022	8	5	—	—	—	—
Samaritan Free	525	130	375	27	11	12,710	4	1	5	5	—	19
Cancer	679	402	—	81	196	6,383	—	1	—	5	2	21
London Fever	538	—	463	66	9	—	3	1	4	1	2	16
Gordon, for Fistula	158	16	129	9	2	2,159	1	—	—	2	—	2
St. Mark's	280	37	234	10	5	—	—	—	1	4	1	5
National (Heart)	—	—	—	—	—	—	—	—	—	—	—	—
Lock (Female)	721	603	204	102	3	2,251	1	2	1	3	2	7
Lock (Male)	251	231	—	20	—	17,762	1	2	1	4	1	1
Epilepsy and Paralysis	94	—	—	15	1	9,191	1	2	5	2	—	4
National, for Paralysed and Epileptic	693	—	121	131	31	26,575	1	—	—	—	2	—
Central London Ophthalmic	155	—	—	6	0	17,777	1	1	—	6	1	4
Royal London Ophthalmic	—	—	—	—	—	—	—	—	—	—	—	—
Royal South London Ophthalmic	19	—	—	—	—	39,822	1	1	—	4	—	1
Royal Westminster Ophthalmic	323	—	309	11	—	49,674	—	2	—	7	1	4
Western Ophthalmic	63	—	—	3	0	6,830	—	—	—	—	—	1
City Orthopædic	140	90	35	16	—	90,000	—	1	—	2	—	0
National Orthopædic	—	—	—	—	—	—	—	—	—	—	—	—
Royal Orthopædic	129	42	38	48	—	6,714	—	—	—	5	1	4
Diseases of Skin	—	—	—	—	—	—	—	—	—	—	—	—
St. John's	90	66	19	6	2	47,174	—	—	5	2	—	2
Central London Throat and Ear	230	80	127	10	9	31,000	—	1	—	5	—	3
Royal Ear	102	—	—	—	0	8,420	1	1	1	1	—	2
Diseases of Throat	423	38	280	18	12	36,044	1	—	3	3	1	—
London Homœopathic	830	210	477	76	30	22,686	2	1	12	1	2	48
London Temperance	—	—	—	—	—	—	—	—	—	—	—	—
The Dental	—	—	—	—	—	34,400	1	1	—	12	5	—
Total	53,248	21,648	20,023	4,171	4,541	1,865 273	95	80	218	250	115	1,228
Estimated to supply omissions	16,000	6,800	6,700	1,240	1,250	500,000	28	23	70	26	30	180
Grand Total	69,248	28,448	26,723	5,411	5,791	2,365 273	123	103	288	276	145	1,408

to the demand which their necessity makes upon the charity of their neighbours.

At best, however, statistical statements can give no just impression of hospital work. A more adequate representation may be conveyed by a few illustrative instances quoted more or less at hazard from the annual reports of the various hospitals. The following, for instance, exemplifies the work of a cottage hospital:—"Richard B——, admitted in a state of extreme collapse, with severe compound fracture of both legs, was an in-patient for 132 days. While under treatment a portion of bone was removed from one leg. He left the hospital convalescent. Some time afterwards he presented himself to show that he had perfect use of both legs, and was about to resume his employment. Robert F—— was admitted with a very large thoracic abscess in an almost hopeless condition. He rapidly improved, and was discharged cured in less than six weeks. Frederick H—— and George B—— were both very serious cases. The former, admitted with an old spinal complaint, soon developed peritonitis. He was seen in consultation with the consulting surgeon to the hospital, who gave a grave prognosis. The peritonitis was eventually cured; he was discharged very much relieved. George B—— was admitted with acute inflammation of the knee-joint and hectic fever, resulting from severe injury to the joint with an axe. After an operation he rapidly improved, was discharged with the use of the joint, and has now resumed his work."

The next illustration is taken from the report of one of the Children's Hospitals, and serves to show how an epidemic of disease affects hospital work. "The diphtheria ward has been almost constantly occupied, 49 cases having been admitted. Of these 23 required surgical treatment, with 10 recoveries. Of the remaining 26, 19 recovered, 2 were removed unrelieved, and 5 died."

The following is from the report of a general hospital, and marks the solicitude with which the needs of out-patients are attended to:—As the out-patients have necessarily to wait some time when they attend to see the medical officers, a coffee stall has been established in the out-patients' department. Refreshments are supplied at cost price, and, though only lately opened, the stall is already self-supporting. To relieve the pressure in the out-patients' department, and to save some of the patients the trouble and pain of walking to and from the hospital for treatment, the committee have accepted the kind offer of a nurses' association to attend such cases at their own homes. The charge of seventy-five of these patients has been ably undertaken by the association during the past year, greatly to the advantage of the patients, and to the assistance of the hospital.

Our next extract is from the report of one of the convalescent homes, and comprises letters written by patients in acknowledgment of kindness and attention received, indicating the cordial feelings which grow up between the patients and the staff:—"Dear Lady,— ..... You cannot think how I miss the good things I had at the Home, for my mother cannot get them for me, as everything is so bad at home. ..... I must now conclude, with my very best love." "My Dear Madam,—I stopped as long as I could yesterday to bid you adieu, but was obliged to leave without that comfort. I could not tear myself away from you without leaving some little earnests of my affectionate regard ..... They were some nice white roses, two little vases for the altar, a nice new laid egg, some grapes, and the nicest pear I could get—a 'William.' I hope you accepted them, for I chose them as symbols of my fraternal regard."

Another cutting sets forth the work done by what unhappily is but seldom a *convalescent* home:—"People in health rarely seem to consider what becomes of the many consumptive patients sent out of the hospitals when they become incurable, or are considered so. There is a general idea that they go home to die; but unfortunately there are a great many who have no homes, no friends or relations to nurse or care for them, or only very poor homes, destitute of necessaries and comforts. There is the workhouse infirmary it is true! but surely we may plead for a better lot for these poor sufferers, many of whom have broken down in the midst of work, to which they have clung till they dropped down in their fatal complaint."

The following scheme has been adopted in another home established for the benefit of consumptive patients:—"On the recommendation of Professor De Chaumont, F.R.S., a supply of 5000 cubic feet of fresh air per head per hour has been adopted as the standard requirement in regard to ventilation; and the apparatus recently erected is calculated to deliver that amount of fresh air at a temperature of 62° F. in the coldest weather. The method employed is briefly as follows:—Fresh air is admitted directly from outside into each room over steam-heated iron boxes of special construction. Foul air is drawn from each room and driven up a large shaft about seven feet square by a large fan driven by steam power.'

We bring our extracts to a close with a very carefully prepared summary of the work of one of the large general hospitals of London:—"The total number of out-patients was 25,031, an increase of 2672 on the year 1888. Speaking broadly, the out-patients divide themselves into two classes—those who come to the out-patient department, and who are found to attend on an average about four times each; and those who come to the surgery, and are generally termed, for want of any better name, casualty patients, many of whom attend but once. The great addition to the numbers last year occurred in the latter class, the percentage of increase having been 28; while in the out-patient department proper the increase was barely 2 per cent.

Account of the number of Patients admitted to this Hospital from its commencement to Dec. 31st, 1889.

Total number of patients admitted from 1719 to Dec. 31st, 1888, inclusive			1,241,128
IN-PATIENTS IN 1889.			
Remaining in hospital Jan. 1st, 1889	154		
In the ward for incurables	6	160	
Admitted by letter in 1889		87	
Accidents and urgent cases admitted at all hours of the day and night without letters of recommendation		2325	
			2572
OUT-PATIENTS IN 1889.			
Medical Out-Patients		8052	
Surgical Out-Patients		2784	
Out-Patients seen by the Assistant Obstetric Physician		431	
Out-Patients seen by the Physician for Diseases of the Skin		904	
Out-Patients suffering from Diseases of the Throat ..		230	
Out-Patients seen by the Aural Surgeon		298	
Out-Patients seen by the Ophthalmic Surgeon		670	
		13,369	
Dental Patients		408	
Maternity Cases		257	
Surgery Patients, viz.:—			
Accidents, &c.	5262		
Medical Cases	4507		
Diarrhœa Cases	1198		
		10,967	
			25,031
Total			1,268,729

Another feature of the work which merits attention is the large number of persons engaged in its administration. From our Table No. I. it will be seen that not fewer than 935 medical practitioners and 1408 members of the nursing staff are enumerated. These numbers represent a part only of the staff actually engaged in this labour of love; for our tables take no account of the students attending the hospitals whose work, as we have shown, is by no means inconsiderable, and sometimes of the very highest importance and value. Nor, further, do they exhibit the amount of work done in the way of visiting and ministering to the intellectual and spiritual wants of the patients. In these various ways the hospitals of London become centres of charitable work, which it is impossible either to tabulate or to describe. But of the matters which do appear in our table a few words may be said. The medical and surgical staff consists, in a very preponderating proportion, of honorary officers, whose services are rendered to the poor without fee or reward. The tribute thus paid by the medical profession to the relief of poverty is upon a scale quite out of proportion to the benefactions of the great body of the charitably disposed, and gives us the right to appeal with confidence to other classes of the community for liberal aid. Medical men are not absolved by their personal services from the common duty of supporting the medical as well as other forms of charity with their purses, according to their means. But they recognise, and always have recognised, the paramount demand which the necessities of the poor make upon their personal ability to help, and when, there-

fore, they ask others to contribute of the abundance of their wealth to the support of their charitable work they put forward a claim which few, we think, will even wish to disregard.

Nor must it be forgotten that among these workers are women who patiently discharge the laborious duties of the nurse. Their toil is for the most part not gratuitous in precisely the same sense as the services of the honorary medical staff; yet no inconsiderable number of them are volunteers in this sense also. These are noble women whom pity has compelled to share in this toilsome sphere the burden of their neighbours' woe. And even of the rest it may be said that if nursing is their profession and means of livelihood it is also very much more. The qualities which go to the making of an efficient nurse are at least as much qualities of the heart as of the head, and the same pity for the suffering which constrains the honorary nurse to devote herself to the sick poor is the only sentiment which can sustain the efforts of the stipendiary nurse amid the depressing surroundings of the hospital ward, and in presence of the constant spectacle of disease and death.

It is, therefore, in the name of a band of men and women whose devotion to a noble cause has been evinced by the most undeniable tests that we to-day invite the coöperation of the religious world. We do not limit our appeal to the Hospital Sunday collection, though that is our immediate object. But beyond that there are many ways in which every person having leisure time or surplus goods may find the means of coöperating from day to day in hospital work. Books, periodicals, old linen, and cast off clothes are very acceptable gifts, while those who have the power of wiling away the tedium of enforced idleness by the art of conversation or the charm of music and the like may find a boundless field of useful and congenial work in the wards of the London hospitals. But these are all at best only ancillary services. The great work of actual tendance on and treatment of the sick can only be entrusted to trained hands. To aid with pecuniary support and thus relieve what is the most pressing difficulty under which this work is carried on is to-day the privilege of all Londoners. It is a privilege not confined to the rich, although to them a special appeal is made. But it must be remembered that the rich alone cannot do what this occasion demands. The large sum which is annually raised in the places of worship in London must be drawn from the purses not of any one class or section of the community, but contributed by all. The large donations of the wealthy few will be forthcoming on this as on previous occasions. The numerous donations of persons of moderate means will also be forthcoming again as they have been before, and they will constitute the bulk of the

TABLE II.

SHOWING FOR THE CONVALESCENT HOSPITALS, COTTAGE HOSPITALS, MEDICAL INSTITUTIONS, AND DISPENSARIES OF LONDON, THE RESULTS OF WORK DONE DURING THE YEAR 1889. COMPILED FROM RETURNS MADE BY THE SECRETARIES OF THE VARIOUS INSTITUTIONS NAMED, IN RESPONSE TO INQUIRIES BY THE EDITORS OF "THE LANCET."

Name of Hospital (Convalescent).	In-patients received.*	Discharged.		Remaining under treatment.	Died.	Out-patients' visits.
		Reliev.	Cured.			
Metropolitan Convalescent, Walton-on-Thames, Kingston Hill, and Bexhill-on-Sea	5071	2067	2875	122	7	0
All Saints' Convalescent Home, Eastbourne	3354	1325	1908	130	3	—
Mrs. Gladstone's Convalescent Home, Woodford	1170	—	—	—	—	—
Hanwell, Middlesex	—	—	—	—	—	—
Herbert Convalescent Hospital, Bournemouth	376	128	179	34	1	—
King's College Convalescent Hospital, Hemel Hempstead	378	158	214	15	0	—
Mrs. Kitto's Convalescent Hospital, Reigate, Surrey	310	—	—	—	—	—
Mrs. Marsham's Convalescent Hospital, Brighton	2854	—	—	—	—	—
Mary Wardell Convalescent Hospital, Great Stanmore	211	—	—	—	—	—
Morley Convalescent Hospital, St. Margaret's, Kent	466	—	—	—	—	—
St. Andrew's Convalescent Hospital, Clewer	717	—	—	66	15	—
St. Andrew's Convalescent Hospital, Folkestone	1540	—	—	—	—	—
St. Barnabas Convalescent Home, Ramsgate	140	81	47	22	—	—
St. Leonards-on-Sea Convalescent Hospital for Children	724	305	191	—	—	—
St. Mary Magdalene Convalescent Hospital, Paddington	29	29	—	30	—	—
St. Michael's Convalescent Home, Westgate-on-Sea	281	—	—	0	0	—
Seaside Convalescent Hospital, Seaford	751	106	635	—	—	—
Children's Convalescent Hospital, Bexhill, Ramsgate	—	—	—	—	—	—
Princess Frederica's Convalescent Hospital, East Molesey	170	170	—	—	0	—
Beckenham Cottage Hospital	81	21	50	—	3	—
Blackheath (Charlton) Cottage Hospital	114	27	60	13	10	2957
Burstead " "	—	—	—	—	—	—
Chislehurst " "	71	9	49	3	3	0
Eltham " "	—	—	—	—	—	—
Enfield " "	39	3	33	—	3	—
Epsom (Ewell) " "	78	17	53	7	1	—
Reigate (Redhill) " "	—	—	—	—	—	—
Shedfield " "	—	—	—	—	—	—
Sidcup " "	66	10	41	6	4	0
Wimbledon " "	—	—	—	—	—	—
Gentlewomen's (Harley-street) Institution	128	24	51	11	4	0
Hampstead Home Hospital	118	18	95	10	5	0
National Sanatorium (Bournemouth)	204	158	—	59	1	0
Royal Sea-bathing (Margate) Infirmary	669	204	244	129	6	350
Invalid Asylum (Stoke Newington)	204	—	—	28	1	—
"Firs Home" (Bournemouth)	—	—	—	—	—	—
St. Catherine's (Ventnor) Institution	33	13	—	10	7	62
Total	20,347	4933	6725	695	74	3349
Estimated to supply omissions	—	3062	4262	395	54	—
Grand total	20,347	7995	10,987	1090	108	3349

Name of Dispensary.	No. of patients' visits.†
Battersea	6,512
Brixton	3,418
Brompton	—
Camberwell	*10,198*
Chelsea	17,842
Child's Hill	—
City	11,833
City of Lond. and E. Lond.	33,439
Clapham	—
Eastern	25,684
Farringdon	—
Finsbury	42,468
Forest Hill	—
Gipsy Hill	486
Hampstead	—
Holloway and Upper Islington	29,626
Islington	—
Kensington	*3,857*
Kilburn	—
Kilburn Provident	—
London	—
Margaret-street Infirmary	—
Metropolitan	—
Notting-hill	—
Paddington	5,223
Portland Town	3,118
Portobello-road	—
Public	17,208
Queen Adelaide	944
Royal General	—
Royal Maternity	*3,427*
Royal Pimlico	12,474
Royal South London	*6,330*
SS. George's and James's	—
St. George's	—
St. John's Wood	2,000
St. Marylebone	12,044
St. Pancras and Northern	3,461
SS. Paul and Barnabas	2,230
South Lambeth	*2,682*
South London Medical Aid Institution	5,748
Stamford-hill	50,575
Tower Hamlets	—
Wandsworth Common	—
Westbourne	—
West Dulwich	—
Western	24,746
Western General	*20,564*
West Ham	44,892
Westminster General	—

* These figures in some instances do, and in other cases do not, include the patients remaining in hospital at the beginning of the year, from the year 1888.

† The figures in italics represent patients, not visits.

offertory that will be dedicated to the sick service of the poor. The contributions also of the poor themselves will be included in the aggregate, and these, judged by the generosity which prompts them, and the self-denial which makes them possible, will be among the most precious gifts which will reach the altar. But however open-handed the charity which responds to the present appeal, the object in behalf of which it is made will be fully worthy of it. No sympathy can be exaggerated, no self-denial overdrawn, which is stimulated by the spectacle of the hospital population of London. To aid in whatever capacity in assuaging its woes and conveying to its sorrow-laden heart a message of sympathy and a prospect of relief is surely an aim worthy to animate the best endeavours of every man and every woman in whom faith in the brotherhood of man, to say nothing of the kinship of race, is a living spring of emotion and principle of conduct.

HISTORY OF THE METROPOLITAN HOSPITAL SUNDAY FUND.

THE following statement has been prepared and circulated by the Hospital Sunday Fund Council:—Hospital Sunday in London was established in the year 1873, during the mayoralty of Sir Sydney H. Waterlow, Bart., now Vice-president of the Fund. The late Dr. James Wakley, editor of THE LANCET, was perhaps the first person to press for Hospital Sunday in London by numerous paragraphs and articles in that paper during the years 1869–1872. Lord Mayor Waterlow gave practical effect to the suggestions of the late Canon Miller, D.D., and others, and became the first President and Treasurer of the Fund in London. Sir Edmund Hay Currie and Richard B. Martin, Esq., have worked as honorary secretaries from the commencement, and they still hold office.

In the past seventeen years no less than £555,700 has been collected, from year to year, by the Council and paid to institutions in the proportions recommended by the Committee of Distribution, the members of which are not allowed to hold any financial position with any participating charity.

The following table will show the growth of the Fund since its establishment in 1873:—

Years.	Contributing congregations.	Amount received from congregations.	Amounts received from legacies and special donations.	Total receipts.
		£ s. d.	£ s. d.	£ s. d.
1873	1072	25,855 13 0	1844 15 1	27,700 8 1
1874	1217	28,431 7 6	1505 10 4	29,936 17 10
1875	1120	24,971 16 3	1424 5 9	26,396 2 0
1876	1069	25,703 7 2	1339 4 2	27,042 11 4
1877	1145	25,135 18 4	947 0 9	26,082 19 1
1878	1171	23,705 10 3	1199 9 3	24,904 19 6
1879	1176	25,380 4 4	1120 19 9	26,501 4 1
1880	1225	28,856 17 4	1567 1 6	30,423 18 10
1881	1268	30,218 7 10	1638 6 7	31,856 14 5
1882	1337	32,039 12 6	2106 8 11	34,146 2 5
1883	1414	31,954 7 2	1980 19 1	33,935 6 3
1884	1522	32,918 18 7	6410 17 11[1]	39,329 16 6
1885	1597	31,764 17 1	2555 11 4	34,320 8 5
1886	1595	35,581 18 9	4817 8 10[2]	40,399 7 7
1887	1633	36,476 17 6	4130 10 2[3]	40,607 7 8
1888	1660	37,290 7 1	3080 2 5	40,379 9 6
1889	1655	38,272 4 7[4]	3482 8 4	41,744 12 11

[1] In 1884 £4500 was received from the Managers of the International Health Exhibition.

[2] In 1886 a special donation of £1000 was received from James Wakley, Esq., M.D.

[3] In 1887 a legacy of £1000 was paid by the executors of the late James Wakley, Esq., M.D.

[4] In 1889 the apparent decrease in the number of contributing congregations is fully accounted for by a large number of Sunday-school collections having been paid separately in 1888, and in 1889 included and paid with those of their respective churches and chapels.

The largest church or congregational collection in 1889 was £1217 1*s.* 11*d.*, at St. Jude's, South Kensington.

In dealing with a place like London we have to realise the existence of over four millions of people living close to each other, of whom the great majority are poor, and many are sick and suffering.

In the year 1880 provision was made for supplying poor persons, properly recommended by the heads or representatives of their several congregations, with surgical appliances to the extent of 4 per cent. of the fund. This provision has now been raised to 5 per cent., which gives with other special donations about £2350 to spend in monthly proportions. In 1889 upwards of 2600 appliances were given to deserving poor people.

THE METROPOLITAN HOSPITAL SUNDAY FUND.

Amounts Received and Disbursed in the Year 1889.

Dr. RECEIPTS *for the year ending 31st October, 1889.*

1888.	£ s. d.	£ s. d.
To balance at Bank of England, 1st Nov., 1888	2,432 2 1	
Less Cheque drawn, not presented	208 6 8	
	2,223 15 5	
,, Balance in hands of Secretary	15 16 1	
1889.		2,239 1 6
,, Collections made at Sundry Places of Worship	38,240 3 1	
,, Collections at Schools	32 1 6	
,, Donations, including £281 9*s.* 6*d.* for Surgical Appliances	3,104 12 4	
,, Collected on the Stock Exchange	367 16 0	
		41,744 12 11
		£43,983 14 5

Cr. PAYMENTS *for the year ending 31st October, 1889.*

1889.	£ s. d.	£ s. d.
By Awards to 104 Hospitals	35,033 9 4	
,, Awards to 7 Institutions	944 15 10	
,, Awards to 50 Dispensaries	2,368 10 2	
,, Surgical Appliances	2,402 14 11	
		40,749 10 3
,, Rent (three quarters)	12 0 0	
,, Coals and Gas	8 1 4	
	£ s. d.	
,, Furniture and Office Fittings	114 4 5	
Less Special Donation from Corporation of City of London	105 0 0	
	9 4 5	
,, Printing and Stationery	247 19 6	
,, Stamps and Postage	122 8 9	
,, Advertisements	268 10 0	
,, Salaries and Wages	678 4 3	
,, Sundries	23 19 8	
		1,478 7 11
,, Balance in hands of Bank of England, including £695 available for Surgical Appliances	1,731 18 7	
,, Balance in hands of Secretary	23 17 8	
		1,755 16 3
		£43,983 14 5